

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2015

To:

M M	/	D D	/	Y Y Y Y Y Y
10		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2015</td></tr></table>	Y	Y	Y	Y	Y	Y	2015							<table><tr><td colspan="6">45482.65</td></tr></table>	45482.65					
Y	Y	Y	Y	Y	Y															
2015																				
45482.65																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">47780.03</td></tr></table>	47780.03																		
47780.03																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">173584.79</td></tr></table>	173584.79						<table><tr><td colspan="6">1053511.10</td></tr></table>	1053511.10											
173584.79																				
1053511.10																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">221364.82</td></tr></table>	221364.82						<table><tr><td colspan="6">1098993.75</td></tr></table>	1098993.75											
221364.82																				
1098993.75																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">196765.57</td></tr></table>	196765.57						<table><tr><td colspan="6">1074394.50</td></tr></table>	1074394.50											
196765.57																				
1074394.50																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">24599.25</td></tr></table>	24599.25						<table><tr><td colspan="6">24599.25</td></tr></table>	24599.25											
24599.25																				
24599.25																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">249800.43</td></tr></table>	249800.43																		
249800.43																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51544.54	265647.92
(ii) Unitemized	121956.25	785090.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	173500.79	1050738.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	190.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	173500.79	1050928.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	84.00	2583.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	173584.79	1053511.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	173584.79	1053511.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	196765.57	1044511.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	196765.57	1044511.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	28533.42
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	196765.57	1074394.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	196765.57	1074394.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	173500.79	1050928.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	173500.79	1050928.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	196765.57	1044511.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	84.00	2583.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	196681.57	1041928.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ARLINE L AKINA 967

Mailing Address 99-025 LOHEA PL

City State Zip Code
AIEA HI 96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1113.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.85066

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. DR JAMES A ALBRIGHT 061 MD

Mailing Address 51 BROOKSIDE BLVD

City State Zip Code
WEST HARTFORD CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.85070

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. DR JAMES A ALBRIGHT 061 MD

Mailing Address 51 BROOKSIDE BLVD

City State Zip Code
WEST HARTFORD CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.85069

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR JAMES A ALBRIGHT 061 MD

Mailing Address 51 BROOKSIDE BLVD

City	State	Zip Code
WEST HARTFORD	CT	06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.85071

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR LEE ALLRED 923

Mailing Address 16284 BOYLE AVE

City	State	Zip Code
FONTANA	CA	92337

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.85105

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. MS CLAUDIA AMBRO 370

Mailing Address PO BOX 3510

City	State	Zip Code
BRENTWOOD	TN	37024

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIFE POINT HOSPITAL

Occupation

DIRECTOR OF REVENUE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.85121

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

170.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 8 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS GLADYS AMBROSINI 893

Mailing Address PO BOX 1063

City

EUREKA

State

NV

Zip Code

89316

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

537.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.85122

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR FRED AMUNDSON 522

Mailing Address 350 DUBLIN DR APT 2019

City

IOWA CITY

State

IA

Zip Code

52246

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.85124

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD C ANDERSON 141

Mailing Address 81 HACKETT DR

City

TONAWANDA

State

NY

Zip Code

14150

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.85126

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

255.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ARTHUR A BACHER 443

Mailing Address 47 FOREST COVE DR

City State Zip Code
AKRON OH 44319

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.85203

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR ROGER BAELE 466

Mailing Address 3602 S IRONWOOD DR OFC XXX

City State Zip Code
SOUTH BEND IN 46614

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.85211

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR WALTER BAHLER 479

Mailing Address 5927 S CREEKSIDE CT

City State Zip Code
REMINGTON IN 47977

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SA11AI.85214

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 10 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WALTER BAHLER 479

Mailing Address 5927 S CREEKSIDE CT

 City
 REMINGTON

 State
 IN

 Zip Code
 47977

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.85213

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR WALTER BAHLER 479

Mailing Address 5927 S CREEKSIDE CT

 City
 REMINGTON

 State
 IN

 Zip Code
 47977

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.85215

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR KEVIN BAINES 911

Mailing Address 457 S MARENGO AVE UNIT 21

 City
 PASADENA

 State
 CA

 Zip Code
 91101

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

JPL/CALTECH

Occupation

RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.85221

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS CONSTANCE C BARNES 145

Mailing Address 244 LIBERTY ST

City
WARSAWState
NYZip Code
14569FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.85284

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MS VIRGINIA BARTAK 836

Mailing Address 5605 S 10TH AVE

City
CALDWELLState
IDZip Code
83607FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGINIA BARTAK LLC

Occupation

CASH GRAIN DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.85303

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR JOHN D BASTOW 670

Mailing Address 2834 W 4TH AVE

City
EL DORADOState
KSZip Code
67042FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.85317

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOSEPH BAUER 488

Mailing Address 536 DORCHESTER DR

City
DIMONDALEState Zip Code
MI 48821FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.85321

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR DONALD E BENKERT 910

Mailing Address 1961 OAK ST

City
SOUTH PASADENAState Zip Code
CA 91030FEC ID number of contributing
federal political committee.

C

Name of Employer

CALDYN

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.85378

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. YVONNE BERRY 112

Mailing Address 1019 VAN SICLEN AVE APT 5J

City
BROOKLYNState Zip Code
NY 11207FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.85424

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

265.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. HELEN BEWICK 481

Mailing Address 7510 CONIFER CT

City
TEMPERANCE

State Zip Code
MI 48182

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

10 / 19 / 2015

Transaction ID : SA11AI.85434

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS MARGARET G BIGGER 282

Mailing Address 3901 SILVER BELL DR

City
CHARLOTTE

State Zip Code
NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.85447

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS ANNE D BILLINGS 461

Mailing Address 328 WATERFORD LN

City
AVON

State Zip Code
IN 46123

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 01 / 2015

Transaction ID : SA11AI.85450

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ANNE D BILLINGS 461

Mailing Address 328 WATERFORD LN

City
AVON

State Zip Code
IN 46123

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.85449

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR DION SCOTT BIRNEY 024 JR

Mailing Address 11 SAGAMORE RD

City

WELLESLEY HILLS

State Zip Code
MA 02481

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.85459

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR DION SCOTT BIRNEY 024 JR

Mailing Address 11 SAGAMORE RD

City

WELLESLEY HILLS

State Zip Code
MA 02481

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.85460

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. RICHARD BLECKER 681

Mailing Address 218 ALLISON AVE

City
PAPILLION

State Zip Code
NE 68133

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 19 / 2015

Transaction ID : SA11AI.85502

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JOHN W BOERSTLER 804

Mailing Address PO BOX 792

City

BRECKENRIDGE

State Zip Code

CO 80424

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2015

Transaction ID : SA11AI.85540

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR JOHN R BONNETT 833

Mailing Address 1828 BRIDGEVIEW BLVD APT 210

City

TWIN FALLS

State Zip Code

ID 83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

10 / 06 / 2015

Transaction ID : SA11AI.85553

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

235.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN R BONNETT 833

Mailing Address 1828 BRIDGEVIEW BLVD APT 210

City

TWIN FALLS

State

ID

Zip Code

83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.85552

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR JOHN R BONNETT 833

Mailing Address 1828 BRIDGEVIEW BLVD APT 210

City

TWIN FALLS

State

ID

Zip Code

83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.85554

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR CHARLES A BOYDEN 977

Mailing Address 846 NE OCHOCO AVE

City

PRINEVILLE

State

OR

Zip Code

97754

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.85600

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. WILLIAM O BRACHMAN 530

Mailing Address 10101 CEDAR CREEK RD

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

Transaction ID : SA11AI.85616

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. WILLIAM O BRACHMAN 530

Mailing Address 10101 CEDAR CREEK RD

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

Transaction ID : SA11AI.85615

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS SHARON BRADLEY 774

Mailing Address 3645 HENDERSON RANCH LN

City

BELLVILLE

State

TX

Zip Code

77418

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

Transaction ID : SA11AI.85617

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS SHARON BRADLEY 774

Mailing Address 3645 HENDERSON RANCH LN

City	State	Zip Code
BELLVILLE	TX	77418

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.85618

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS ROSEMARY BRIGGS 752

Mailing Address 4711 WATAUGA RD

City	State	Zip Code
DALLAS	TX	75209

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.85656

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ALBERT BROWN 214

Mailing Address 7101 BAY FRONT DR APT 602

City	State	Zip Code
ANNAPOLIS	MD	21403

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.85703

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ALBERT BROWN 214

Mailing Address 7101 BAY FRONT DR APT 602

City
ANNAPOLIS

State Zip Code
MD 21403

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.85702

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. MR JEROME E BROWN 339

Mailing Address 13 SHAWNEE LN

City
FORT MYERS BEACH

State Zip Code
FL 33931

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.85710

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS PHOEBE BROWN 925

Mailing Address 21109 GEORGE BROWN AVE

City
RIVERSIDE

State Zip Code
CA 92518

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.85731

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT M BRUCE 891

Mailing Address 6420 E TROPICANA AVE UNIT 442

City	State	Zip Code
LAS VEGAS	NV	89122

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.85751

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR JOHN T BRYAN 672

Mailing Address 1501 S KANSAS ST

City	State	Zip Code
WICHITA	KS	67211

FEC ID number of contributing
federal political committee.

C

Name of Employer

US POSTAL SERVICE

Occupation

LETTER CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.85765

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DIANE BURKE 300

Mailing Address 3303 BROOKHAVENRUN CIR

City	State	Zip Code
DULUTH	GA	30097

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.85800

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DIANE BURKE 300

Mailing Address 3303 BROOKHAVENRUN CIR

City State Zip Code
DULUTH GA 30097

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.85801

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR NEIL T BURTON 949

Mailing Address 141 CYPRESS AVE

City State Zip Code
KENTFIELD CA 94904

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.85831

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS MARY BYRNES 325

Mailing Address 3306 W LA RUA ST

City State Zip Code
PENSACOLA FL 32505

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.85854

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS FLORENCE BYWATER 939

Mailing Address 700 BRIGGS AVE SPC 89

City State Zip Code
PACIFIC GROVE CA 93950

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.85857

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MS FLORENCE BYWATER 939

Mailing Address 700 BRIGGS AVE SPC 89

City State Zip Code
PACIFIC GROVE CA 93950

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

10 / 19 / 2015

Transaction ID : SA11AI.85859

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MS FLORENCE BYWATER 939

Mailing Address 700 BRIGGS AVE SPC 89

City State Zip Code
PACIFIC GROVE CA 93950

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

10 / 20 / 2015

Transaction ID : SA11AI.85858

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN CABLE 617

Mailing Address 2025 E LINCOLN ST # 3108

City

BLOOMINGTON

State

IL

Zip Code

61701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.85860

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MS NANCY H CAMPBELL 235

Mailing Address 107 WINDHAM RD

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.85885

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MS NANCY H CAMPBELL 235

Mailing Address 107 WINDHAM RD

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.85886

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DELBERT A CAMPBELL 763

Mailing Address 5506 RHONE DR

City State Zip Code
 WICHITA FALLS TX 76306

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.45

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.85897

Amount of Each Receipt this Period

80.80

Full Name (Last, First, Middle Initial)

B. MR BARRY A CAMPBELL 774

Mailing Address 24003 RAFTER THREE DR

City State Zip Code
 HOCKLEY TX 77447

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.85900

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR BARRY A CAMPBELL 774

Mailing Address 24003 RAFTER THREE DR

City State Zip Code
 HOCKLEY TX 77447

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11AI.85899

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

580.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS SUE M CANNON 802

Mailing Address 6420 W LAKERIDGE RD

City

LAKEWOOD

State

CO

Zip Code

80227

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.85903

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MS SUE M CANNON 802

Mailing Address 6420 W LAKERIDGE RD

City

LAKEWOOD

State

CO

Zip Code

80227

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.85904

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MRS BARBARA CARROLL 041

Mailing Address 21 MURRAY DR

City

CAPE ELIZABETH

State

ME

Zip Code

04107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.85925

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

735.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 243

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS BARBARA CARROLL 041

Mailing Address 21 MURRAY DR

City	State	Zip Code
CAPE ELIZABETH	ME	04107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.85923

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS BARBARA CARROLL 041

Mailing Address 21 MURRAY DR

City	State	Zip Code
CAPE ELIZABETH	ME	04107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.85924

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR JOSEPH CARSON 439 JR

Mailing Address 101 WALNUT AVE

City	State	Zip Code
SAINT CLAIRSVILLE	OH	43950

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.85930

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JAY CARTER 763

Mailing Address 1404 CHAPARRAL RD

City

BURKBURNETT

State

TX

Zip Code

76354

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARTER AVIATION TECHNOLOGIS

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.85938

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ORLA S CARTER 805

Mailing Address 1601 N COLLEGE AVE LOT 317

City

FORT COLLINS

State

CO

Zip Code

80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.85939

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. ORLA S CARTER 805

Mailing Address 1601 N COLLEGE AVE LOT 317

City

FORT COLLINS

State

CO

Zip Code

80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.85940

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS JANET P CHAMBERS 076

Mailing Address 609 ECHO GLEN AVE

City
RIVERVALEState
NJZip Code
07675FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.85977

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR JACK CHANEY 161

Mailing Address 2683 PERRY HWY

City
HADLEYState
PAZip Code
16130FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.85978

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MR RALPH N CHILDS 606

Mailing Address 5757 W WARWICK AVE

City
CHICAGOState
ILZip Code
60634FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.85997

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JENS CLARK 229

Mailing Address 1550 PANTOPS MOUNTAIN PL APT 203

City State Zip Code
 CHARLOTTESVILLE VA 22911

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.86035

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MRS ELLOINE M CLARK 752

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code
 DALLAS TX 75205

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11AI.86041

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MRS ELLOINE M CLARK 752

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code
 DALLAS TX 75205

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.86040

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 243

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS VERENA CLEMENT 329

Mailing Address 1200 S COURTENAY PKWY APT 508

City	State	Zip Code
MERRITT ISLAND	FL	32952

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.86066

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MS VERENA CLEMENT 329

Mailing Address 1200 S COURTENAY PKWY APT 508

City	State	Zip Code
MERRITT ISLAND	FL	32952

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.86067

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR CHARLES CLINTON 152 JR

Mailing Address 5103 MORNINGRISE DR

City	State	Zip Code
PITTSBURGH	PA	15236

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : SA11AI.86074

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional).....▶

110.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ELEANOR COBB 900

Mailing Address 131 S VISTA ST

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.86086

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR EDWIN COHEN 100

Mailing Address 25 SUTTON PL S APT 16G

City State Zip Code
 NEW YORK NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.86101

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR EDWIN COHEN 100

Mailing Address 25 SUTTON PL S APT 16G

City State Zip Code
 NEW YORK NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : SA11AI.86102

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 243

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS MARY K COLWELL 453

Mailing Address 140 MARICOPA CIR

City
ENONState Zip Code
OH 45323FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

Transaction ID : SA11AI.86129

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS MARY K COLWELL 453

Mailing Address 140 MARICOPA CIR

City
ENONState Zip Code
OH 45323FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

Transaction ID : SA11AI.86130

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. DR PEARL J COMPAAN 452 MD

Mailing Address 350 RESOR AVE

City
CINCINNATIState Zip Code
OH 45220FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RADIATION ONCOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2015

Transaction ID : SA11AI.86133

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD COUCH 244

Mailing Address 13803 BIRDHAVEN LN

City

GROTTOES

State

VA

Zip Code

24441

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACHINE OPERATOR

Occupation

MACHINE OPERATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.86217

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. DR RICHARD M CRAIG 314

Mailing Address 2 POND PINE CT

City

SAVANNAH

State

GA

Zip Code

31411

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.86247

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR PHIL CRAMER 913

Mailing Address 26056 BERAULT CT

City

VALENCIA

State

CA

Zip Code

91355

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.86255

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

215.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS BETTY R CRAWFORD 527

Mailing Address 601 ASPEN TRL

City State Zip Code
 MUSCATINE IA 52761

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.86264

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT CROSSMAN 339

Mailing Address 8201 ARBOR CT

City State Zip Code
 FORT MYERS FL 33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.86290

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT CROSSMAN 339

Mailing Address 8201 ARBOR CT

City State Zip Code
 FORT MYERS FL 33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.86289

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JUDITH H CROW 956

Mailing Address 3170 WOODLEIGH LN

City State Zip Code
CAMERON PARK CA 95682

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.86297

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR DOUGLAS CULVER 275

Mailing Address 4550 BREEZING LN

City State Zip Code
OXFORD NC 27565

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SA11AI.86312

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR DOUGLAS CULVER 275

Mailing Address 4550 BREEZING LN

City State Zip Code
OXFORD NC 27565

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.86310

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DOUGLAS CULVER 275

Mailing Address 4550 BREEZING LN

City
OXFORDState
NCZip Code
27565FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.86311

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR DOUGLAS CULVER 275

Mailing Address 4550 BREEZING LN

City
OXFORDState
NCZip Code
27565FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.86313

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR FRANK D'ORSI 928

Mailing Address 1344 VINA DEL MAR AVE

City
PLACENTIAState
CAZip Code
92870FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.86571

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 37 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. HOWARD DANZIG 631

Mailing Address 2157 WELSCH INDUSTRIAL CT

City	State	Zip Code
SAINT LOUIS	MO	63146

FEC ID number of contributing federal political committee.

Name of Employer

DANZIG INSURANCE CO

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.86369

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. HOWARD DANZIG 631

Mailing Address 2157 WELSCH INDUSTRIAL CT

City	State	Zip Code
SAINT LOUIS	MO	63146

FEC ID number of contributing federal political committee.

Name of Employer

DANZIG INSURANCE CO

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.86370

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MRS LINDA M DAVIS 877

Mailing Address 620 STATE ROAD 58

City	State	Zip Code
CIMARRON	NM	87714

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.86406

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS LINDA M DAVIS 877

Mailing Address 620 STATE ROAD 58

City
CIMARRONState Zip Code
NM 87714FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.86404

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MRS LINDA M DAVIS 877

Mailing Address 620 STATE ROAD 58

City
CIMARRONState Zip Code
NM 87714FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.86405

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS HELEN R DECKER 760

Mailing Address PO BOX 170009

City
ARLINGTONState Zip Code
TX 76003FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.86426

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

170.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS HELEN R DECKER 760

Mailing Address PO BOX 170009

City

ARLINGTON

State

TX

Zip Code

76003

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.86427

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR PAUL DECLEVA 752

Mailing Address 5222 DELOACHE AVE

City

DALLAS

State

TX

Zip Code

75220

FEC ID number of contributing
federal political committee.

C

Name of Employer

DP CONSULTANTS

Occupation

CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.86429

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR PAUL DECLEVA 752

Mailing Address 5222 DELOACHE AVE

City

DALLAS

State

TX

Zip Code

75220

FEC ID number of contributing
federal political committee.

C

Name of Employer

DP CONSULTANTS

Occupation

CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.86428

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 40 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CARL J DEUTSCH 631

Mailing Address 555 COUCH AVE

City

SAINT LOUIS

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.86469

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR GONZALO DIAZ 331

Mailing Address 5520 SW 72ND AVE

City

MIAMI

State

FL

Zip Code

33155

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.86480

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR HERBERT DIVELBLISS 155

Mailing Address 4242 PLEASANT VALLEY RD

City

CRYSTAL SPG

State

PA

Zip Code

15536

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.86519

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. GLADYS DOANE 635

Mailing Address 3 BROADVIEW

City	State	Zip Code
KIRKSVILLE	MO	63501

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.86534

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. GLADYS DOANE 635

Mailing Address 3 BROADVIEW

City	State	Zip Code
KIRKSVILLE	MO	63501

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.86533

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR NORMAN DODSON 526

Mailing Address 3 VILLAGE CIR

City	State	Zip Code
KEOKUK	IA	52632

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.86542

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR NORMAN DODSON 526

Mailing Address 3 VILLAGE CIR

City

KEOKUK

State

IA

Zip Code

52632

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

295.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.86543

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR NORMAN DODSON 526

Mailing Address 3 VILLAGE CIR

City

KEOKUK

State

IA

Zip Code

52632

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.86545

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. MR NORMAN DODSON 526

Mailing Address 3 VILLAGE CIR

City

KEOKUK

State

IA

Zip Code

52632

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 19 / 2015

Transaction ID : SA11AI.86544

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR NORMAN DODSON 526

Mailing Address 3 VILLAGE CIR

City
KEOKUKState
IAZip Code
52632FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.86541

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR NORMAN DODSON 526

Mailing Address 3 VILLAGE CIR

City
KEOKUKState
IAZip Code
52632FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.86540

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR JACK DONNER 864

Mailing Address 5190 S JACK RABBIT DR

City
FORT MOHAVEState
AZZip Code
86426FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.86561

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 44 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS RUTH DOREY 064

Mailing Address 70 PARKWAY PL

 City
 MERIDEN

 State
 CT

 Zip Code
 06450

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : SA11AI.86564

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS RUTH DOREY 064

Mailing Address 70 PARKWAY PL

 City
 MERIDEN

 State
 CT

 Zip Code
 06450

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

Transaction ID : SA11AI.86565

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. LTC GEORGE DOSTAL 871

Mailing Address 7012 LANTERN RD NE

 City
 ALBUQUERQUE

 State
 NM

 Zip Code
 87109

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Transaction ID : SA11AI.86575

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. LTC GEORGE DOSTAL 871

Mailing Address 7012 LANTERN RD NE

City

ALBUQUERQUE

State

NM

Zip Code

87109

FEC ID number of contributing
federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

605.00

Date of Receipt

10 / 05 / 2015

Transaction ID : SA11AI.86576

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. LTC GEORGE DOSTAL 871

Mailing Address 7012 LANTERN RD NE

City

ALBUQUERQUE

State

NM

Zip Code

87109

FEC ID number of contributing
federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.86574

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. LTC GEORGE DOSTAL 871

Mailing Address 7012 LANTERN RD NE

City

ALBUQUERQUE

State

NM

Zip Code

87109

FEC ID number of contributing
federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

755.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.86573

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS VIRGINIA M DOUGHERTY 379

Mailing Address PO BOX 5816

City

KNOXVILLE

State

TN

Zip Code

37928

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.86579

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS MARTHA L DOWNS 956

Mailing Address 8560 JESTER CT

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.86604

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MRS MARTHA L DOWNS 956

Mailing Address 8560 JESTER CT

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.86605

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 47 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ANNE DRAKE 296

Mailing Address 557 CRESWELL AVE E

City

GREENWOOD

State

SC

Zip Code

29646

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.86613

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MRS ANNE DRAKE 296

Mailing Address 557 CRESWELL AVE E

City

GREENWOOD

State

SC

Zip Code

29646

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.86614

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MRS ANNE DRAKE 296

Mailing Address 557 CRESWELL AVE E

City

GREENWOOD

State

SC

Zip Code

29646

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.86611

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ANNE DRAKE 296

Mailing Address 557 CRESWELL AVE E

City State Zip Code
 GREENWOOD SC 29646

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.86612

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. LEONA DROPPA 344

Mailing Address 6921 SW 108TH ST

City State Zip Code
 Ocala FL 34476

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.86624

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. LEONA DROPPA 344

Mailing Address 6921 SW 108TH ST

City State Zip Code
 Ocala FL 34476

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.86623

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. LEONA DROPPA 344

Mailing Address 6921 SW 108TH ST

City

OCALA

State

FL

Zip Code

34476

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.86621

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. LEONA DROPPA 344

Mailing Address 6921 SW 108TH ST

City

OCALA

State

FL

Zip Code

34476

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.86622

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. DR LADSON L DUBOSE 297 MD

Mailing Address 102 W RAMSEUR DR

City

BLACKSBURG

State

SC

Zip Code

29702

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.86635

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS JEANNETTE B DUDERSTADT 779 JR

Mailing Address 1000 FREDERICK WILLIAMS ST

City	State	Zip Code
CUERO	TX	77954

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.86637

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS JEANNETTE B DUDERSTADT 779 JR

Mailing Address 1000 FREDERICK WILLIAMS ST

City	State	Zip Code
CUERO	TX	77954

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.86636

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR LOREN DUFFEY 928

Mailing Address 1397 ARROWHEAD DR

City	State	Zip Code
PLACENTIA	CA	92870

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.86643

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR LOREN DUFFEY 928

Mailing Address 1397 ARROWHEAD DR

City State Zip Code
PLACENTIA CA 92870

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.86646

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD V DUKART 586

Mailing Address 29 117TH AVE SW

City State Zip Code
KILLDEER ND 58640

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.86655

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR H R DUNLAP 230 JR

Mailing Address 989 SHOOTING BOX RD

City State Zip Code
KING WILLIAM VA 23086

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.86667

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR H R DUNLAP 230 JR

Mailing Address 989 SHOOTING BOX RD

City
KING WILLIAMState Zip Code
VA 23086FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.86666

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS MARGARET EAGLE 596

Mailing Address 506 SADDLE DR

City
HELENAState Zip Code
MT 59601FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.86680

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MR JOHN R EDGEWORTH 342

Mailing Address 8776 PEBBLE CREEK LN

City
SARASOTAState Zip Code
FL 34238FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.86705

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN D EHRISMANN 922

Mailing Address 7667 ACOMA TRL

City

YUCCA VALLEY

State

CA

Zip Code

92284

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.86716

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DR MARTIN ELLBOGEN 826

Mailing Address 1420 BROOKVIEW DR

City

CASPER

State

WY

Zip Code

82604

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.86737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MRS MARGARET A ELLERT 467

Mailing Address 1129 COUNTY ROAD 39

City

WATERLOO

State

IN

Zip Code

46793

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.86738

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

295.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MARGARET A ELLERT 467

Mailing Address 1129 COUNTY ROAD 39

City
WATERLOO

State Zip Code
IN 46793

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.86740

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MRS MARGARET A ELLERT 467

Mailing Address 1129 COUNTY ROAD 39

City
WATERLOO

State Zip Code
IN 46793

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.86739

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MS JEAN ENGLAND 614

Mailing Address 576 KNOX ROAD 1300 E

City
MAQUON

State Zip Code
IL 61458

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.86776

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR JACK ENGLAND 801

Mailing Address 5400 E WILLOW CREEK RD

City State Zip Code
 CASTLE ROCK CO 80104

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2015

Transaction ID : SA11AI.86777

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. REV RICHARD F ENGLE 432

Mailing Address 25 NOE BIXBY RD

City State Zip Code
 COLUMBUS OH 43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CLERGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 16 2015

Transaction ID : SA11AI.86784

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. REV RICHARD F ENGLE 432

Mailing Address 25 NOE BIXBY RD

City State Zip Code
 COLUMBUS OH 43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CLERGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 22 2015

Transaction ID : SA11AI.86785

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PAT EPPS 303 SR

Mailing Address 695 STARLIGHT LN

City State Zip Code
ATLANTA GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPPS AVIATION CO

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.86794

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ALTHEA ERDAHL 554

Mailing Address 6154 GOLDEN VALLEY RD

City State Zip Code
MINNEAPOLIS MN 55422

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.86799

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. ALTHEA ERDAHL 554

Mailing Address 6154 GOLDEN VALLEY RD

City State Zip Code
MINNEAPOLIS MN 55422

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.86797

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

690.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ALTHEA ERDAHL 554

Mailing Address 6154 GOLDEN VALLEY RD

City State Zip Code
 MINNEAPOLIS MN 55422

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11Al.86798

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR BILL FAIN 863

Mailing Address 10875 E STATE ROUTE 69

City State Zip Code
 DEWEY AZ 86327

FEC ID number of contributing
federal political committee.

C

Name of Employer

RANCH LAND & INVESTMENTS LLC

Occupation

CATTLEMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11Al.86843

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR BILL FAIN 863

Mailing Address 10875 E STATE ROUTE 69

City State Zip Code
 DEWEY AZ 86327

FEC ID number of contributing
federal political committee.

C

Name of Employer

RANCH LAND & INVESTMENTS LLC

Occupation

CATTLEMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11Al.86844

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BILL FAIN 863

Mailing Address 10875 E STATE ROUTE 69

City State Zip Code
 DEWEY AZ 86327

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RANCH LAND & INVESTMENTS LLC

Occupation
 CATTLEMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.86845

Amount of Each Receipt this Period

136.00

Full Name (Last, First, Middle Initial)

B. MR BILL FAIN 863

Mailing Address 10875 E STATE ROUTE 69

City State Zip Code
 DEWEY AZ 86327

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RANCH LAND & INVESTMENTS LLC

Occupation
 CATTLEMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.86846

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR BILL FAIN 863

Mailing Address 10875 E STATE ROUTE 69

City State Zip Code
 DEWEY AZ 86327

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RANCH LAND & INVESTMENTS LLC

Occupation
 CATTLEMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.86847

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

206.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 59 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS MARY FELLER 463

Mailing Address 106 S 190 E

City

VALPARAISO

State

IN

Zip Code

46383

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.86878

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. MS MARY FELLER 463

Mailing Address 106 S 190 E

City

VALPARAISO

State

IN

Zip Code

46383

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.86879

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR BILLIE A FENDER 320 III

Mailing Address 10676 US HIGHWAY 129

City

LIVE OAK

State

FL

Zip Code

32060

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.86883

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BILLIE A FENDER 320 III

Mailing Address 10676 US HIGHWAY 129

City
LIVE OAKState Zip Code
FL 32060FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.86884

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. MR BILLIE A FENDER 320 III

Mailing Address 10676 US HIGHWAY 129

City
LIVE OAKState Zip Code
FL 32060FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.86885

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

C. MR BILLIE A FENDER 320 III

Mailing Address 10676 US HIGHWAY 129

City
LIVE OAKState Zip Code
FL 32060FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.86882

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

133.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BILLIE A FENDER 320 III

Mailing Address 10676 US HIGHWAY 129

City
LIVE OAK

State Zip Code
FL 32060

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.86886

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR WALTER FISHER 751 JR

Mailing Address 11034 PRAIRIE LAKES LN

City
FORNEY

State Zip Code
TX 75126

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.86930

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ROYCE FLANDRO 846

Mailing Address 2949 APACHE WAY

City
PROVO

State Zip Code
UT 84604

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRIGHAM YOUNG UNIVERSITY

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SA11AI.86946

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JAMES H FOSTER 290

Mailing Address 203 OLD CHAPIN RD

City	State	Zip Code
LEXINGTON	SC	29072

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.86983

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MS MARY FOWLER 334

Mailing Address 1845 ROYAL PALM WAY

City	State	Zip Code
BOCA RATON	FL	33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.86989

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS MARILYN FRALICH 534

Mailing Address 5605 CAMBRIDGE LN UNIT 3

City	State	Zip Code
MOUNT PLEASANT	WI	53406

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.87009

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS JEAN R GAGLIARDI 105

Mailing Address PO BOX 125

City State Zip Code
 DOBBS FERRY NY 10522

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2015

Transaction ID : SA11AI.87092

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MRS JOAN GALLOWAY 036

Mailing Address 12 GALLOWAY LN

City State Zip Code
 WALPOLE NH 03608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 13 2015

Transaction ID : SA11AI.87098

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR LEON GARDNER 062

Mailing Address 161 SLADE RD

City State Zip Code
 ASHFORD CT 06278

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 13 2015

Transaction ID : SA11AI.87120

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS BETTY GARDNER 648

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code
 NOEL MO 64854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1148.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 13 2015

Transaction ID : SA11AI.87123

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. MRS BETTY GARDNER 648

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code
 NOEL MO 64854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1522.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 13 2015

Transaction ID : SA11AI.87124

Amount of Each Receipt this Period

374.00

Full Name (Last, First, Middle Initial)

C. MR KENNETH C GARMAN 145

Mailing Address 7 DOWNING DR

City State Zip Code
 PITTSFORD NY 14534

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2015

Transaction ID : SA11AI.87131

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

447.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DARRELL GARNER 945

Mailing Address 605 FILBERT CT

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAKAMATSU INS AGENCY

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.87132

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR STANLEY L GENDLER 900

Mailing Address 1100 ALTA LOMA RD APT 1503

City

LOS ANGELES

State

CA

Zip Code

90069

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.87158

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR FRANK N GENOVESE 162

Mailing Address 176 THE BRANCHES

City

KITTANNING

State

PA

Zip Code

16201

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.87159

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS NANCY GERRISH 190

Mailing Address 2302 WOODSIDE LN

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

265.00

Date of Receipt

10 / 14 / 2015

Transaction ID : SA11AI.87173

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MS NANCY GERRISH 190

Mailing Address 2302 WOODSIDE LN

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

10 / 14 / 2015

Transaction ID : SA11AI.87175

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MS NANCY GERRISH 190

Mailing Address 2302 WOODSIDE LN

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.87174

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ROGER D GIBB 926

Mailing Address 18 ALEGRIA

City	State	Zip Code
IRVINE	CA	92620

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : SA11AI.87185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ROGER D GIBB 926

Mailing Address 18 ALEGRIA

City	State	Zip Code
IRVINE	CA	92620

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.87186

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR J R GIBB 945

Mailing Address PO BOX 32

City	State	Zip Code
BETHEL ISLAND	CA	94511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SA11AI.87187

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR LLOYD GIBBONS 919

Mailing Address 10044 CHAVACAN LN

City	State	Zip Code
SPRING VALLEY	CA	91977

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.87191

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MR LLOYD GIBBONS 919

Mailing Address 10044 CHAVACAN LN

City	State	Zip Code
SPRING VALLEY	CA	91977

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.87192

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR JOHN STANLEY GIBBS 748

Mailing Address 715 EASTERN HILLS RD

City	State	Zip Code
HOLDENVILLE	OK	74848

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.87193

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 243

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ALLIE GILLIAM 357

Mailing Address 6825 COUNTY ROAD 39

City	State	Zip Code
FACKLER	AL	35746

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.87207

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. MR JOHN GOEBEL 341

Mailing Address 1325 7TH ST S APT 6C

City	State	Zip Code
NAPLES	FL	34102

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.87239

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR C GOFF 746

Mailing Address 220 W HARTFORD AVE

City	State	Zip Code
PONCA CITY	OK	74601

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.87246

Amount of Each Receipt this Period

4.00

SUBTOTAL of Receipts This Page (optional)..... ►

59.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR C GOFF 746

Mailing Address 220 W HARTFORD AVE

City State Zip Code
 PONCA CITY OK 74601

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.40

Date of Receipt

10 / 05 / 2015

Transaction ID : SA11AI.87247

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. MR C GOFF 746

Mailing Address 220 W HARTFORD AVE

City State Zip Code
 PONCA CITY OK 74601

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.40

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.87248

Amount of Each Receipt this Period

4.00

Full Name (Last, First, Middle Initial)

C. MR C GOFF 746

Mailing Address 220 W HARTFORD AVE

City State Zip Code
 PONCA CITY OK 74601

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.40

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.87244

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

14.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR C GOFF 746

Mailing Address 220 W HARTFORD AVE

City
PONCA CITY

State Zip Code
OK 74601

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.87245

Amount of Each Receipt this Period

6.74

Full Name (Last, First, Middle Initial)

B. MS BERNICE GOKEY 544

Mailing Address 504 N 4TH ST

City
COLBY

State Zip Code
WI 54421

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SA11AI.87251

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MS BERNICE GOKEY 544

Mailing Address 504 N 4TH ST

City
COLBY

State Zip Code
WI 54421

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.87253

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS BERNICE GOKEY 544

Mailing Address 504 N 4TH ST

City
COLBY

State
WI

Zip Code
54421

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.87252

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MS JANE G GONSETH 856

Mailing Address 2981 AVENIDA DE SUENOS

City

SIERRA VISTA

State

AZ

Zip Code

85650

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.87262

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. MR PAUL GOODMAN 110

Mailing Address 99 S SERVICE RD APT 402

City

NEW HYDE PARK

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.87276

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 243

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PAUL GOODMAN 110

Mailing Address 99 S SERVICE RD APT 402

City	State	Zip Code
NEW HYDE PARK	NY	11040

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

878.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.87277

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR THOMAS GORE 390

Mailing Address 208 TWIN LKS S

City	State	Zip Code
CLINTON	MS	39056

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.87296

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR THOMAS GORE 390

Mailing Address 208 TWIN LKS S

City	State	Zip Code
CLINTON	MS	39056

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.87295

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS HARRIET W GORMAN 327

Mailing Address 534 ESSEX AVE

City

MOUNT DORA

State

FL

Zip Code

32757

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2015

Transaction ID : SA11AI.87299

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS HARRIET W GORMAN 327

Mailing Address 534 ESSEX AVE

City

MOUNT DORA

State

FL

Zip Code

32757

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.87297

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR RUSS GRAY 890

Mailing Address 2220 VILLAGE WALK DR #3324

City

HENDERSON

State

NV

Zip Code

89052

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.87330

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD GRIFFIN 705

Mailing Address PO BOX 91610

City
LAFAYETTE

State Zip Code
LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.87358

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD S GRIFFITH 770

Mailing Address 3417 MILAM ST

City
HOUSTON

State Zip Code
TX 77002

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.87362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. OTIS D GRUBBS 934

Mailing Address 315 PINEY LN

City
MORRO BAY

State Zip Code
CA 93442

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.87401

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. OTIS D GRUBBS 934

Mailing Address 315 PINEY LN

City	State	Zip Code
MORRO BAY	CA	93442

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.87400

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR FRANK GUARISCO 703

Mailing Address PO BOX 579

City	State	Zip Code
PATTERSON	LA	70392

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.87406

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. DR MARIETTA GUEVARA 352 MD

Mailing Address 2016 GROVE PARK WAY

City	State	Zip Code
BIRMINGHAM	AL	35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.87411

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

145.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR MARIETTA GUEVARA 352 MD

Mailing Address 2016 GROVE PARK WAY

City State Zip Code
 BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11AI.87412

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DR MARIETTA GUEVARA 352 MD

Mailing Address 2016 GROVE PARK WAY

City State Zip Code
 BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.87410

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DR MARIETTA GUEVARA 352 MD

Mailing Address 2016 GROVE PARK WAY

City State Zip Code
 BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.87413

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 243

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT H HAMBURG 365

Mailing Address 1410 S JUNIPER ST

City	State	Zip Code
FOLEY	AL	36535

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11Al.87499

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR EDWARD H HAMM 334

Mailing Address 243 S BEACH RD

City	State	Zip Code
HOBE SOUND	FL	33455

FEC ID number of contributing federal political committee.

C

Name of Employer

ACOMA OIL CO

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11Al.87506

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. MR EDWARD H HAMM 334

Mailing Address 243 S BEACH RD

City	State	Zip Code
HOBE SOUND	FL	33455

FEC ID number of contributing federal political committee.

C

Name of Employer

ACOMA OIL CO

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11Al.87505

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1635.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR EDWARD H HAMM 334

Mailing Address 243 S BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455

FEC ID number of contributing
federal political committee.

Name of Employer

ACOMA OIL CO

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.87507

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MRS MARY HANNA 479

Mailing Address 2305 BENNETT RD

City

LAFAYETTE

State

IN

Zip Code

47909

FEC ID number of contributing
federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.87525

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MR GARY E HANSON 360

Mailing Address 3163 DOUBLE BRIDGE FERRY RD

City

ECLECTIC

State

AL

Zip Code

36024

FEC ID number of contributing
federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.87530

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR C GEORGE HANSON 371 JR

Mailing Address 914 TRINITY DR

City State Zip Code
MURFREESBORO TN 37129

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.87532

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR L G HARDWICKE 796 MD

Mailing Address 1325 WESTWOOD DR

City State Zip Code
ABILENE TX 79603

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.87551

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MS BLANCH P HARNISH 166

Mailing Address 7590 HARNISH CIR

City State Zip Code
ALEXANDRIA PA 16611

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.87564

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS BLANCH P HARNISH 166

Mailing Address 7590 HARNISH CIR

City

ALEXANDRIA

State

PA

Zip Code

16611

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.87565

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR W JOSEPH HARPER 432

Mailing Address 1620 ZOLLINGER RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

GUINNESS PARTNERS LLC

Occupation

CERTIFIED FINANCIAL PLANNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.87570

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS BOBBYE HARRIS 307

Mailing Address 135 WINDSOR DR

City

CALHOUN

State

GA

Zip Code

30701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.87577

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR GERMANO J HASSLOCHER 782

Mailing Address 219 LABURNUM DR

City	State	Zip Code
SAN ANTONIO	TX	78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.87601

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT HATCH 641

Mailing Address 601 W 55TH ST

City	State	Zip Code
KANSAS CITY	MO	64113

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.87602

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MR MARILYN M HAYS 706

Mailing Address 910 BAYOU OAK LN

City	State	Zip Code
LAKE CHARLES	LA	70605

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMPERIAL CONSTRUCTORS INC

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.87639

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

725.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 83 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FRANCIS HECK 820

Mailing Address 1213 E SHERIDAN ST

 City
 LARAMIE

 State
 WY

 Zip Code
 82070

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.87650

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MR WARREN HECKMANN 530

Mailing Address 13207 PIONEER RD

 City
 NEWTON

 State
 WI

 Zip Code
 53063

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

C F HECKMANN CO

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.87652

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MS ELLA M HELM 300

Mailing Address 3385 HALLMARK DR SE

 City
 MARIETTA

 State
 GA

 Zip Code
 30067

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.87673

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR LOU HELMS 281

Mailing Address 339 UPPER WHITE STORE RD

City	State	Zip Code
PEACHLAND	NC	28133

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.87677

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT W HENDRICKSON 303

Mailing Address 2742 FONTAINEBLEAU DR

City	State	Zip Code
ATLANTA	GA	30360

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.87684

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR JOSE O HERNANDEZ 928

Mailing Address 7971 E FAR CANYON WAY

City	State	Zip Code
ANAHEIM	CA	92808

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.87707

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

147.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOSE O HERNANDEZ 928

Mailing Address 7971 E FAR CANYON WAY

City
ANAHEIM

State Zip Code
CA 92808

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.87709

Amount of Each Receipt this Period

7.00

Full Name (Last, First, Middle Initial)

B. MR JOSE O HERNANDEZ 928

Mailing Address 7971 E FAR CANYON WAY

City
ANAHEIM

State Zip Code
CA 92808

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.87711

Amount of Each Receipt this Period

7.00

Full Name (Last, First, Middle Initial)

C. MR JOSE O HERNANDEZ 928

Mailing Address 7971 E FAR CANYON WAY

City
ANAHEIM

State Zip Code
CA 92808

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

10 / 19 / 2015

Transaction ID : SA11AI.87710

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 86 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOSE O HERNANDEZ 928

Mailing Address 7971 E FAR CANYON WAY

City	State	Zip Code
ANAHEIM	CA	92808

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.87705

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MR JOSE O HERNANDEZ 928

Mailing Address 7971 E FAR CANYON WAY

City	State	Zip Code
ANAHEIM	CA	92808

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.87712

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MR MICHAEL HIATT 851

Mailing Address 22272 N VARGAS DR

City	State	Zip Code
MARICOPA	AZ	85138

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.87730

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 87 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS KATHLEEN HILL 080

Mailing Address 6 WINTERBERRY LN

City	State	Zip Code
WILLINGBORO	NJ	08046

FEC ID number of contributing federal political committee.

C

Name of Employer

BOARD OF EDUCATION

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.87749

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. R ANN HINSON 344

Mailing Address 5282 S RIVERSIDE DR

City	State	Zip Code
HOMOSASSA	FL	34448

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.87784

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR LINDSAY HOLCOMB 270

Mailing Address 410 CROSSINGHAM RD

City	State	Zip Code
MOUNT AIRY	NC	27030

FEC ID number of contributing federal political committee.

C

Name of Employer

PINE STATE KNITWEAR

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.87836

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BILL HOLDEN 956

Mailing Address 4467 PLANTATION DR

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2675.00

Date of Receipt

10 / 02 / 2015

Transaction ID : SA11AI.87842

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR BILL HOLDEN 956

Mailing Address 4467 PLANTATION DR

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2775.00

Date of Receipt

10 / 02 / 2015

Transaction ID : SA11AI.87844

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR BILL HOLDEN 956

Mailing Address 4467 PLANTATION DR

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2875.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.87843

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BILL HOLDEN 956

Mailing Address 4467 PLANTATION DR

City State Zip Code
 FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2975.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.87840

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR BILL HOLDEN 956

Mailing Address 4467 PLANTATION DR

City State Zip Code
 FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3075.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.87841

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS CLAUDIA D HOLDER 837

Mailing Address 12433 W DE MEYER ST

City State Zip Code
 BOISE ID 83713

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.87845

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. LUMAN W HOLMAN 757

Mailing Address PO BOX 1528

City State Zip Code
JACKSONVILLE TX 75766

FEC ID number of contributing
federal political committee.

C

Name of Employer

DECLINED

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.87855

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. LUMAN W HOLMAN 757

Mailing Address PO BOX 1528

City State Zip Code
JACKSONVILLE TX 75766

FEC ID number of contributing
federal political committee.

C

Name of Employer

DECLINED

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.87856

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS CHRISTINE HOWCRAFT 380

Mailing Address 155 FIRE TOWER RD

City State Zip Code
SOMERVILLE TN 38068

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.87890

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JUANITA S HUFF 615

Mailing Address 1910 SAINT CLAIR DR

City	State	Zip Code
PEKIN	IL	61554

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.87907

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

B. MS DIANE HUMPHREY 467

Mailing Address 2279 E 250 N

City	State	Zip Code
BLUFFTON	IN	46714

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.87915

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. PAUL HUSBY 554

Mailing Address 409 RIVER ST

City	State	Zip Code
MINNEAPOLIS	MN	55401

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAUL HUSBY ASSOCIATES

Occupation

BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.87941

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

463.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MARTHA L HUTCHISON 895

Mailing Address 2330 CROWS NEST PKWY

City
RENOState
NVZip Code
89519FEC ID number of contributing
federal political committee.

C

Name of Employer

HUTCH'S CAR WASHES, INC

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.87948

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MRS MIRIAM B HUTH 539

Mailing Address W2 128 TULETA HILL RD

City

MARKESAN

State

WI

Zip Code

53946

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.87949

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS MIRIAM B HUTH 539

Mailing Address W2 128 TULETA HILL RD

City

MARKESAN

State

WI

Zip Code

53946

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.87951

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR TIMOTHY HYNES 802

Mailing Address 1660 LOGAN ST APT 33

City
DENVERState Zip Code
CO 80203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.87956

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR PAUL E JACKSON 324

Mailing Address 917 MARINA DR

City
PANAMA CITY BEACHState Zip Code
FL 32407FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.87988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MR PAUL E JACKSON 324

Mailing Address 917 MARINA DR

City
PANAMA CITY BEACHState Zip Code
FL 32407FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.87987

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR HORACE D JACKSON 479

Mailing Address 1727 TRACE 17

City

WEST LAFAYETTE

State

IN

Zip Code

47906

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.10

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.87992

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MR HORACE D JACKSON 479

Mailing Address 1727 TRACE 17

City

WEST LAFAYETTE

State

IN

Zip Code

47906

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.10

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.87994

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR HORACE D JACKSON 479

Mailing Address 1727 TRACE 17

City

WEST LAFAYETTE

State

IN

Zip Code

47906

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.10

Date of Receipt

10 / 27 / 2015

Transaction ID : SA11AI.87993

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 243

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BRUCE JACOBSEN 483

Mailing Address 545 S BROADWAY ST

City

LAKE ORION

State

MI

Zip Code

48362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			05			2015					

Transaction ID : SA11AI.87997

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR BRUCE C JACOBSON 483

Mailing Address 1019 WALLOON CT

City

LAKE ORION

State

MI

Zip Code

48360

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			01			2015					

Transaction ID : SA11AI.88000

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JERRY JARRELL 773

Mailing Address 10 KINGS HILL LN

City

HUMBLE

State

TX

Zip Code

77346

FEC ID number of contributing
federal political committee.

C

Name of Employer

HELIFLIGHT SERVICES INC

Occupation

DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			19			2015					

Transaction ID : SA11AI.88018

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR TERRY JOHNSON 113

Mailing Address 7535 UTOPIA PKWY

City
FLUSHING

State Zip Code
NY 11366

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.88064

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR MARK L JOHNSON 123

Mailing Address 3 OAKTREE LN

City
SCHENECTADY

State Zip Code
NY 12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.88066

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS DOROTHY JOHNSON 172

Mailing Address 1421 PHILADELPHIA AVE APT

City
CHAMBERSBURG

State Zip Code
PA 17201

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.88067

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR THEODORE JOHNSON 628

Mailing Address 120 JOHNSON LN

City	State	Zip Code
CROSSVILLE	IL	62827

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON FARMS

Occupation

PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.88087

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR THEODORE JOHNSON 628

Mailing Address 120 JOHNSON LN

City	State	Zip Code
CROSSVILLE	IL	62827

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON FARMS

Occupation

PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.88086

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR HAROLD JOHNSON 928

Mailing Address 752 NANCY LN

City	State	Zip Code
FULLERTON	CA	92831

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.88094

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR EVERETT H JOHNSON 953 MD

Mailing Address 1040 SIERRA DR

City State Zip Code
TURLOCK CA 95380

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INTERNIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.88098

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. DR EVERETT H JOHNSON 953 MD

Mailing Address 1040 SIERRA DR

City State Zip Code
TURLOCK CA 95380

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INTERNIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.88099

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MISS BEATRICE JONAS 926

Mailing Address 3049 VIA SERENA S UNIT A

City State Zip Code
LAGUNA WOODS CA 92637

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.88110

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS WANDA JONES 985

Mailing Address 3700 14TH AVE SE UNIT 65

City State Zip Code
 OLYMPIA WA 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.88131

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MRS WANDA JONES 985

Mailing Address 3700 14TH AVE SE UNIT 65

City State Zip Code
 OLYMPIA WA 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.88132

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MRS WANDA JONES 985

Mailing Address 3700 14TH AVE SE UNIT 65

City State Zip Code
 OLYMPIA WA 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : SA11AI.88130

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR KENNETH W JONES 986

Mailing Address 3409 MAIN ST APT 400

City	State	Zip Code
VANCOUVER	WA	98663

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.88133

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MS JAYNE JURICH 117

Mailing Address 613 HIGH ST

City	State	Zip Code
PORT JEFFERSON	NY	11777

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.88148

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR FREDERICK A KELLER 856

Mailing Address 14224 S CAMINO BURGOS

City	State	Zip Code
SAHUARITA	AZ	85629

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

BIOCHEM ENGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.88209

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DAVID J KELLER 983

Mailing Address PO BOX 2381

City
BUCKLEYState
WAZip Code
98321FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.88211

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS MADELL E KINCADE 922

Mailing Address 57 TENNIS CLUB DR

City
RANCHO MIRAGEState
CAZip Code
92270FEC ID number of contributing
federal political committee.

C

Name of Employer

KINCAID INDUSTRIES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.88284

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

C. MRS MADELL E KINCADE 922

Mailing Address 57 TENNIS CLUB DR

City
RANCHO MIRAGEState
CAZip Code
92270FEC ID number of contributing
federal political committee.

C

Name of Employer

KINCAID INDUSTRIES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.88283

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

355.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR THOMAS KINNEY 921

Mailing Address 12454 DORMOUSE RD

City	State	Zip Code
SAN DIEGO	CA	92129

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAN DIEGO POLICE DEPT

Occupation

POLYGRAPH EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.88288

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. BOYD KINZLEY 489

Mailing Address 1921 BRIARWOOD DR

City	State	Zip Code
LANSING	MI	48917

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.88292

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MRS PAULINE KIRK 711

Mailing Address 4770 BRANDON BLVD

City	State	Zip Code
BOSSIER CITY	LA	71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.88297

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

360.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 104 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR JILES E KIRKLAND 287

Mailing Address PO BOX 548

City	State	Zip Code
LAKE JUNALUSKA	NC	28745

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.88298

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. GRANT H KITCHEN 483

Mailing Address 2921 ONAGON CIR

City	State	Zip Code
WATERFORD	MI	48328

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.88305

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS MARTHA KLESSE 802

Mailing Address 6201 W NEVADA PL APT 212

City	State	Zip Code
LAKEWOOD	CO	80226

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.88316

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 105 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR HARRY KOEHN 673

Mailing Address 2606 CR 2100

 City
 HAVANA

 State Zip Code
 KS 67347

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.88366

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MR HARRY KOEHN 673

Mailing Address 2606 CR 2100

 City
 HAVANA

 State Zip Code
 KS 67347

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.88367

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MR ARTHUR W KOELSCH 346

Mailing Address 18336 WHITACRE CIR

 City
 HUDSON

 State Zip Code
 FL 34667

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.88370

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ARTHUR W KOELSCH 346

Mailing Address 18336 WHITACRE CIR

City
HUDSON

State Zip Code
FL 34667

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.88371

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR ARTHUR W KOELSCH 346

Mailing Address 18336 WHITACRE CIR

City
HUDSON

State Zip Code
FL 34667

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.88373

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MR ARTHUR W KOELSCH 346

Mailing Address 18336 WHITACRE CIR

City
HUDSON

State Zip Code
FL 34667

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.88372

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MARY KOLODZIEJ 131

Mailing Address 104 WHISKWOOD LN

City	State	Zip Code
MINOA	NY	13116

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.88382

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR GEORGE KOLOVOS 900

Mailing Address 12424 WILSHIRE BLVD STE 1040

City	State	Zip Code
LOS ANGELES	CA	90025

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.88384

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR GEORGE KOLOVOS 900

Mailing Address 12424 WILSHIRE BLVD STE 1040

City	State	Zip Code
LOS ANGELES	CA	90025

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.88383

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS JOANNE KRANZ 117

Mailing Address 7 SURREY RD

City State Zip Code
 MASSAPEQUA NY 11758

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11AI.88406

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MS JOANNE KRANZ 117

Mailing Address 7 SURREY RD

City State Zip Code
 MASSAPEQUA NY 11758

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.88404

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. MS JOANNE KRANZ 117

Mailing Address 7 SURREY RD

City State Zip Code
 MASSAPEQUA NY 11758

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.88401

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RUSSELL L KREEGER 088

Mailing Address 4 CORNFIELD TER

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.88414

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR JOHN J KRUG 087

Mailing Address 55 PULASKI BLVD

City

TOMS RIVER

State

NJ

Zip Code

08757

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SA11AI.88433

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. CHARLES ERNEST LANCE 786

Mailing Address 103 CEDAR BRANCH DR

City

GEORGETOWN

State

TX

Zip Code

78628

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.88489

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS PATRICIA M LANGENDORF 134

Mailing Address 1009 N MADISON ST

City	State	Zip Code
ROME	NY	13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NY OFFICE OF MENTAL HEALTHOccupation
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.88498

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MISS PATRICIA M LANGENDORF 134

Mailing Address 1009 N MADISON ST

City	State	Zip Code
ROME	NY	13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NY OFFICE OF MENTAL HEALTHOccupation
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.88499

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MISS PATRICIA M LANGENDORF 134

Mailing Address 1009 N MADISON ST

City	State	Zip Code
ROME	NY	13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NY OFFICE OF MENTAL HEALTHOccupation
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.88496

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 111 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS PATRICIA M LANGENDORF 134

Mailing Address 1009 N MADISON ST

City State Zip Code
 ROME NY 13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NY OFFICE OF MENTAL HEALTH

Occupation
 PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.88497

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR ELDON LATHAM 974

Mailing Address 1212 SUNNYSIDE DR

City State Zip Code
 EUGENE OR 97404

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 27 2015

Transaction ID : SA11AI.88529

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MS RITA LAUZON 010

Mailing Address 14 INGHAM ST

City State Zip Code
 CHICOPEE MA 01013

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 09 2015

Transaction ID : SA11AI.88535

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS RITA LAUZON 010

Mailing Address 14 INGHAM ST

City	State	Zip Code
CHICOPEE	MA	01013

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.88534

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR VERNON S LAW 846

Mailing Address 1718 N 1050 W

City	State	Zip Code
PROVO	UT	84604

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.88543

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR VERNON S LAW 846

Mailing Address 1718 N 1050 W

City	State	Zip Code
PROVO	UT	84604

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.88545

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 113 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS GENEVA LEE 946

Mailing Address 320 LEE ST APT 501

City

OAKLAND

State

CA

Zip Code

94610

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SA11AI.88575

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT LEONARD 988

Mailing Address 20203 CHERRY RD NW

City

SOAP LAKE

State

WA

Zip Code

98851

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBERT LEONARD SALON & DAY SPA

Occupation

PROPRIETOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.88592

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT LEONARD 988

Mailing Address 20203 CHERRY RD NW

City

SOAP LAKE

State

WA

Zip Code

98851

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBERT LEONARD SALON & DAY SPA

Occupation

PROPRIETOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.88593

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ONA LESTER 300

Mailing Address 1101 HUMPHRIES RD NW

City State Zip Code
 CONYERS GA 30012

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.88600

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MS HILMA A LEVIS 775

Mailing Address 6901 AVE E

City State Zip Code
 SANTA FE TX 77510

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.88609

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MS HILMA A LEVIS 775

Mailing Address 6901 AVE E

City State Zip Code
 SANTA FE TX 77510

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.88610

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR VERNON LEWIS 853

Mailing Address 204 E SANTA CRUZ DR

City
GOODYEAR

State Zip Code
AZ 85338

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEWIS WELDING SUPPLY INC

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.88621

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR VERNON LEWIS 853

Mailing Address 204 E SANTA CRUZ DR

City
GOODYEAR

State Zip Code
AZ 85338

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEWIS WELDING SUPPLY INC

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.88620

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR VERNON LEWIS 853

Mailing Address 204 E SANTA CRUZ DR

City
GOODYEAR

State Zip Code
AZ 85338

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEWIS WELDING SUPPLY INC

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.88619

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JAY LILJENQUIST 841Mailing Address 5159 COMMERCE DR
LILJENQUIST REALTY CO

City	State	Zip Code
SALT LAKE CITY	UT	84107

FEC ID number of contributing
federal political committee.

C

Name of Employer

LILJENQUIST REALTY CO

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.88627

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MYRON G LINDOW 178

Mailing Address 119 ROUTE 204 APT 18C

City	State	Zip Code
SELINGSGROVE	PA	17870

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.88635

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MYRON G LINDOW 178

Mailing Address 119 ROUTE 204 APT 18C

City	State	Zip Code
SELINGSGROVE	PA	17870

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.88636

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WESLEY LINDSTROM 561

Mailing Address 2743 171ST ST

City

CURRIE

State

MN

Zip Code

56123

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.88641

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT LINGG 852

Mailing Address 249 LEISURE WORLD

City

MESA

State

AZ

Zip Code

85206

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.88642

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR MUNSON W LITTLE 926

Mailing Address 54 MIRA LAS OLAS

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.88658

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR MUNSON W LITTLE 926

Mailing Address 54 MIRA LAS OLAS

City	State	Zip Code
SAN CLEMENTE	CA	92673

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.88657

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

B. MR MUNSON W LITTLE 926

Mailing Address 54 MIRA LAS OLAS

City	State	Zip Code
SAN CLEMENTE	CA	92673

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.88656

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR MUNSON W LITTLE 926

Mailing Address 54 MIRA LAS OLAS

City	State	Zip Code
SAN CLEMENTE	CA	92673

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.88655

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

63.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS OPAL LOFDAHL 680

Mailing Address 300 S 7TH ST APT 3

City State Zip Code
 TEKAMAH NE 68061

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.88670

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. MS KATHRYNE LORD 341

Mailing Address 428 BARCELONA CT

City State Zip Code
 MARCO ISLAND FL 34145

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.88695

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS ALONAH LORENZ 562

Mailing Address 160 40TH AVE SE

City State Zip Code
 BENSON MN 56215

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.88700

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

97.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BERNARD LOUIS 535

Mailing Address 30551 COUNTY HWY B

City
LONE ROCK

State Zip Code
WI 53556

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.88705

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD LOWE 956

Mailing Address 6751 DESPERADO RD

City
SOMERSET

State Zip Code
CA 95684

FEC ID number of contributing
federal political committee.

C

Name of Employer

SECURITY & IDENTITY MANAGEMENT

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.88714

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. DR WALTER LUNG 968 DDS

Mailing Address 4244 HUANUI ST

City
HONOLULU

State Zip Code
HI 96816

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2015

Transaction ID : SA11AI.88735

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 121 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS YVONNE M LYON 346

Mailing Address 3025 LEPRECHAUN LN

City

PALM HARBOR

State

FL

Zip Code

34683

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.88740

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. VIRGINIA L MAHER 104

Mailing Address 315 E 236TH ST

City

BRONX

State

NY

Zip Code

10470

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.88760

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. DR HISH MAJZOUN 648 MD

Mailing Address PO BOX 2496

City

JOPLIN

State

MO

Zip Code

64803

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

NEUROSURGEON

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.88769

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

3350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 122 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR MICHAEL JOSEPH MANGIONE 926

Mailing Address 3130 CORTE PORTOFINO

City State Zip Code
 NEWPORT BEACH CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2015

Transaction ID : SA11AI.88790

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MRS RUTH MARK 465

Mailing Address 1811 WOODGATE DR

City State Zip Code
 GOSHEN IN 46526

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

10 / 05 / 2015

Transaction ID : SA11AI.88814

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MRS HELEN MARSHALL 226

Mailing Address 827 SUSAN AVE

City State Zip Code
 WOODSTOCK VA 22664

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.88825

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS G H MARTIN 194

Mailing Address 3216 BRITTANY PT

City State Zip Code
 LANSDALE PA 19446

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : SA11AI.88835

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MRS JOYCE V MARTIN 801

Mailing Address 1900 E GIRARD PL APT 703

City State Zip Code
 ENGLEWOOD CO 80113

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.88847

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ANDREW MARVIN 175

Mailing Address 914 FAIRVIEW AVE

City State Zip Code
 EPHRATA PA 17522

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.88857

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 124 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD MARX 125

Mailing Address PO BOX 440

City	State	Zip Code
WAPPINGERS FALLS	NY	12590

FEC ID number of contributing federal political committee.

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.88858

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MR MERLE L MAYHUGH 809

Mailing Address 208 SUMAC DR

City	State	Zip Code
COLORADO SPRINGS	CO	80911

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.88917

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. ROBERT MCIVER 894

Mailing Address PO BOX 5147

City	State	Zip Code
INCLINE VILLAGE	NV	89450

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.88996

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ELLSWORTH MCKEE 373

Mailing Address PO BOX 567

City

COLLEGEDALE

State

TN

Zip Code

37315

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCKEE FOODS CORP

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.89002

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR ELLSWORTH MCKEE 373

Mailing Address PO BOX 567

City

COLLEGEDALE

State

TN

Zip Code

37315

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCKEE FOODS CORP

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1635.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.89003

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR CHESTER M MCKEEN 761 JR

Mailing Address 2501 MUSEUM WAY #702

City

FORT WORTH

State

TX

Zip Code

76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.89004

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WILLIAM G MCLAUGHLIN 336

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code
TAMPA FL 33605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

863.00

Date of Receipt

10 / 05 / 2015

Transaction ID : SA11AI.89036

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR WILLIAM G MCLAUGHLIN 336

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code
TAMPA FL 33605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.89038

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR WILLIAM G MCLAUGHLIN 336

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code
TAMPA FL 33605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.89034

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WILLIAM G MCLAUGHLIN 336

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code
TAMPA FL 33605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.89037

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR WILLIAM G MCLAUGHLIN 336

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code
TAMPA FL 33605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.89035

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS VIRGINIA MCMAHON 060

Mailing Address 21 BRIDLE PATH

City State Zip Code
CANTON CT 06019

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.89045

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS VIRGINIA MCMAHON 060

Mailing Address 21 BRIDLE PATH

City

CANTON

State

CT

Zip Code

06019

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SA11AI.89046

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MRS VIRGINIA MCMAHON 060

Mailing Address 21 BRIDLE PATH

City

CANTON

State

CT

Zip Code

06019

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SA11AI.89047

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. MRS JAMES MCMILLAN 773

Mailing Address 15 CRYSTAL CANYON PL

City

SPRING

State

TX

Zip Code

77389

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.89051

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

118.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CAROLE L MCVANEY 801

Mailing Address 1201 GREEN OAKS DR

City State Zip Code
GREENWOOD VILLAGE CO 80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.89067

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR MARINO MEACCI 937

Mailing Address 6627 W SHIELDS AVE

City State Zip Code
FRESNO CA 93723

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.89068

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR J EDWARD MEYERS 801

Mailing Address 3758 W CHENANGO AVE

City State Zip Code
LITTLETON CO 80123

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

MUSIC INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.89118

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD A MIKULS 681

Mailing Address 13605 SHIRLEY ST

City State Zip Code
OMAHA NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.89133

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD A MIKULS 681

Mailing Address 13605 SHIRLEY ST

City State Zip Code
OMAHA NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.89132

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS JOAN G MILAM 333

Mailing Address 2673 CENTER COURT DR

City State Zip Code
WESTON FL 33332

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.89134

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS JOAN G MILAM 333

Mailing Address 2673 CENTER COURT DR

City State Zip Code
WESTON FL 33332

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.89135

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR RONALD MILLIGAN 211

Mailing Address 197 ORCHARD HILL DR

City State Zip Code
WESTMINSTER MD 21157

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.89181

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR CECIL M MINICH 299

Mailing Address 44 QUIET COVE WAY

City State Zip Code
BEAUFORT SC 29907

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.89194

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 132 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS SHARON MOHLER 897

Mailing Address 2200 E LONG ST UNIT 248

City

CARSON CITY

State

NV

Zip Code

89706

FEC ID number of contributing
federal political committee.

C

Name of Employer

SFUSD

Occupation

EX-TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	9		2	0	1	5		

Transaction ID : SA11AI.89223

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS ELLEN J MONK 957

Mailing Address 2017 BATES CIR

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11AI.89235

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT M MONTGOMERY 853

Mailing Address 12410 W CORONET DR

City

SUN CITY WEST

State

AZ

Zip Code

85375

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	3		2	0	1	5		

Transaction ID : SA11AI.89244

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

335.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 133 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR FLOYD MOORE 826

Mailing Address 96 SPRING CANYON RD

City
DOUGLAS

State Zip Code
WY 82633

FEC ID number of contributing
federal political committee.

C

Name of Employer

NINE MILE LAND COMPANY

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2015

Transaction ID : SA11AI.89256

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DAVID L MOOSE 921

Mailing Address 11222 REDBUD CT

City
SAN DIEGO

State Zip Code
CA 92127

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.89267

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DAVID L MOOSE 921

Mailing Address 11222 REDBUD CT

City
SAN DIEGO

State Zip Code
CA 92127

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 22 / 2015

Transaction ID : SA11AI.89266

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD MORAN 804

Mailing Address 618 PARKVIEW DR

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80487

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.89279

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD MORAN 804

Mailing Address 618 PARKVIEW DR

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80487

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.89275

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD MORAN 804

Mailing Address 618 PARKVIEW DR

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80487

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

295.00

Date of Receipt

10 / 26 / 2015

Transaction ID : SA11AI.89277

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR CRAIG MORGAN 257

Mailing Address 1611 13TH AVE

City
HUNTINGTON

State Zip Code
WV 25701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.89288

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR WILLIAM MORMAN 180

Mailing Address 111 HILLENDALE AVE

City
NAZARETH

State Zip Code
PA 18064

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.89300

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD MORRIS 622 SR

Mailing Address 1438 1ST AVE

City
FAIRVIEW HEIGHTS

State Zip Code
IL 62208

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.89302

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

147.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 136 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DEAN N MORRISON 972

Mailing Address 12250 SW 33RD AVE

City
PORTLANDState Zip Code
OR 97219FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVENTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.89313

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS BETTY S MOTT 802

Mailing Address 5206 E ATLANTIC PL

City
DENVERState Zip Code
CO 80222FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.89318

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MR HENRY MOYER 159

Mailing Address 235 MEADOW DR

City
JOHNSTOWNState Zip Code
PA 15905FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.89327

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR HENRY MOYER 159

Mailing Address 235 MEADOW DR

City

JOHNSTOWN

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.89328

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. WILLIAM S MULLINS 394

Mailing Address 10 TWIN OAKS PL

City

LAUREL

State

MS

Zip Code

39440

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.89340

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS JOAN W MULLINS 890

Mailing Address 588 DURAN ST

City

HENDERSON

State

NV

Zip Code

89015

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.89344

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

162.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS JOAN W MULLINS 890

Mailing Address 588 DURAN ST

City
HENDERSON

State Zip Code
NV 89015

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.89342

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MRS CAROLYN C MUNN 761

Mailing Address 1725 HULEN ST

City
FORT WORTH

State Zip Code
TX 76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.89352

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MRS ELAINE T MURHAMMER 701

Mailing Address 4112 JEFFERSON HWY APT 320

City
JEFFERSON

State Zip Code
LA 70121

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.89355

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 139 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CLAIR J MURPHY 551

Mailing Address 1626 RUTH ST N

City
SAINT PAUL

State Zip Code
MN 55119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

10 / 14 / 2015

Transaction ID : SA11AI.89359

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MS KATHLEEN B MYERS 271

Mailing Address 136 QUEENSBURY RD

City
WINSTON SALEM

State Zip Code
NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.89377

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. MS KATHLEEN B MYERS 271

Mailing Address 136 QUEENSBURY RD

City
WINSTON SALEM

State Zip Code
NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.89376

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 140 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS CHELI MYERS 752

Mailing Address 3530 PINEHURST CIR

City	State	Zip Code
DALLAS	TX	75234

FEC ID number of contributing federal political committee.

C

Name of Employer

WRIGHTSON, JOHNSON, HADDON & WILLIAMSON

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.89380

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR VICTOR NEAL 741

Mailing Address 4651 E 57TH PL

City	State	Zip Code
TULSA	OK	74135

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.89407

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MS VERA NELSON 546

Mailing Address 614 WILLIAMS ST

City	State	Zip Code
VIROQUA	WI	54665

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.89429

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 141 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DONALD H NELSON 923

Mailing Address PO BOX 401458

 City
 HESPERIA

 State Zip Code
 CA 92340

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.89439

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR WINFRID H NEUMANN 480

Mailing Address 19780 WOODVIEW DR

 City
 CLINTON TWP

 State Zip Code
 MI 48038

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.89447

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR URBAN G NEVILLE 450

Mailing Address 8075 HAMPTONSHIRE DR

 City
 CLEVES

 State Zip Code
 OH 45002

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.89449

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JOHN NIKKEL 741

Mailing Address 6625 S JAMESTOWN PL

City	State	Zip Code
TULSA	OK	74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.89480

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. JOHN NIKKEL 741

Mailing Address 6625 S JAMESTOWN PL

City	State	Zip Code
TULSA	OK	74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.89481

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR READE NIMICK 193

Mailing Address 1101 LINCOLN DR

City	State	Zip Code
WEST CHESTER	PA	19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.89487

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 143 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOSEPH HOWARD NIMO 336

Mailing Address 14003 NORTHTOWN CT APT B

City	State	Zip Code
TAMPA	FL	33613

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.89488

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MS THELMA NUSCHKE 172

Mailing Address 6932 AUGUSTA NATIONAL

City	State	Zip Code
FAYETTEVILLE	PA	17222

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.89517

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DENISE O'CONNOR 105

Mailing Address 3675 WILDWOOD ST

City	State	Zip Code
YORKTOWN HTS	NY	10598

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.89540

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

93.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 144 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DENISE O'CONNOR 105

Mailing Address 3675 WILDWOOD ST

City

YORKTOWN HTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			19			2015					

Transaction ID : SA11AI.89542

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. DENISE O'CONNOR 105

Mailing Address 3675 WILDWOOD ST

City

YORKTOWN HTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			20			2015					

Transaction ID : SA11AI.89541

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MS CONNIE C O'NEIL 681

Mailing Address 3214 N 159TH AVE

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY OF NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			01			2015					

Transaction ID : SA11AI.89594

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS CONNIE C O'NEIL 681

Mailing Address 3214 N 159TH AVE

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY OF NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.89595

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR EVERETT B OBENSHAIN 241 JR

Mailing Address 2225 BAINBRIDGE DR

City

SALEM

State

VA

Zip Code

24153

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.89530

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. COL GEORGE OLIVER 780

Mailing Address PO BOX 373

City

CENTER POINT

State

TX

Zip Code

78010

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.89561

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. COL GEORGE OLIVER 780

Mailing Address PO BOX 373

City

CENTER POINT

State

TX

Zip Code

78010

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.89562

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONN C OLSON 935

Mailing Address 2730 KALMAN ST

City

ACTON

State

CA

Zip Code

93510

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.89586

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS NORMA EJ ORR 923

Mailing Address 657 W CYPRESS AVE APT A

City

REDLANDS

State

CA

Zip Code

92373

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.89608

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 147 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS NORMA EJ ORR 923

Mailing Address 657 W CYPRESS AVE APT A

City State Zip Code
REDLANDS CA 92373

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.89609

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MR BENJAMIN T OYARZO 945

Mailing Address 58 MAGNOLIA DR

City State Zip Code
CALISTOGA CA 94515

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.89644

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR JAMES PAISLEY 900

Mailing Address 11937 KIOWA AVE APT 7

City State Zip Code
LOS ANGELES CA 90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.89650

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 148 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS RUTH PARTRIDGE 054

Mailing Address 3201 WAKE ROBIN DR

City

SHELBURNE

State

VT

Zip Code

05482

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

410.00

Date of Receipt

10 / 01 / 2015

Transaction ID : SA11AI.89675

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS MARGOT PATRICK 958

Mailing Address 200 ARUBA CIR

City

SACRAMENTO

State

CA

Zip Code

95823

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

229.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.89684

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. MRS MARGOT PATRICK 958

Mailing Address 200 ARUBA CIR

City

SACRAMENTO

State

CA

Zip Code

95823

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

239.00

Date of Receipt

10 / 20 / 2015

Transaction ID : SA11AI.89683

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

72.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS TERRI PAWLOSKY 463

Mailing Address 113 SWAN DR # 3D

City State Zip Code
 DYER IN 46311

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.89697

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MISS TERRI PAWLOSKY 463

Mailing Address 113 SWAN DR # 3D

City State Zip Code
 DYER IN 46311

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.89695

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MISS TERRI PAWLOSKY 463

Mailing Address 113 SWAN DR # 3D

City State Zip Code
 DYER IN 46311

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

10 / 20 / 2015

Transaction ID : SA11AI.89696

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 150 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS TERRI PAWLOSKY 463

Mailing Address 113 SWAN DR # 3D

 City
 DYER

 State Zip Code
 IN 46311

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.89698

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. GARY L PAXTON 998

Mailing Address 104 WINCHESTER WAY

 City
 SITKA

 State Zip Code
 AK 99835

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.89699

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR SEFERINO PEREZ 925

Mailing Address 25672 HILLMAN CT

 City
 SUN CITY

 State Zip Code
 CA 92586

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.89741

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

114.00

TOTAL This Period (last page this line number only)..... ►

114.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. NANCY E PHILLIPS 300

Mailing Address 4700 MILLENIUM VIEW CT

City State Zip Code
 SNELLVILLE GA 30039

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2015

Transaction ID : SA11AI.89793

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MS JANICE PHILLIPS 970

Mailing Address 5025 FOOTHILLS RD APT 1

City State Zip Code
 LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 05 2015

Transaction ID : SA11AI.89800

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MS JANICE PHILLIPS 970

Mailing Address 5025 FOOTHILLS RD APT 1

City State Zip Code
 LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 05 2015

Transaction ID : SA11AI.89801

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 152 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS LINDA PIERCE-HEANEY 850

Mailing Address 48412 N BLACK CYN HWY PMB 373

City	State	Zip Code
NEW RIVER	AZ	85087

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.89811

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD PLOTZ 601

Mailing Address 357 W ALEXANDER BLVD

City	State	Zip Code
ELMHURST	IL	60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.89846

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.89851

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 153 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.89853

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.89852

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MRS MARJORIE C POULSEN-TUCKER 281

Mailing Address 7909 RADIN ROAD # A

City	State	Zip Code
WAXHAW	NC	28173

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.89892

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 154 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RAY E POYNOR 851

Mailing Address PO BOX 754

City

ARIZONA CITY

State

AZ

Zip Code

85123

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.89908

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MR JOHN PRICE 988

Mailing Address 715 QUINCE ST UNIT 2212

City

OMAK

State

WA

Zip Code

98841

FEC ID number of contributing federal political committee.

C

Name of Employer

PRICE MOTORS INC

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.89930

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR JOHN PRICE 988

Mailing Address 715 QUINCE ST UNIT 2212

City

OMAK

State

WA

Zip Code

98841

FEC ID number of contributing federal political committee.

C

Name of Employer

PRICE MOTORS INC

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.89929

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 155 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN PRICE 988

Mailing Address 715 QUINCE ST UNIT 2212

City	State	Zip Code
OMAK	WA	98841

FEC ID number of contributing federal political committee.

C

 Name of Employer
 PRICE MOTORS INC

 Occupation
 PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.89928

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MS RUTH E PRINGLE 750

Mailing Address 916 LAKE HIGHLANDS DR

City	State	Zip Code
ALLEN	TX	75002

FEC ID number of contributing federal political committee.

C

 Name of Employer
 NONE

 Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.89935

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD PUCKETT 617

Mailing Address 1910 LONGWOOD LN

City	State	Zip Code
BLOOMINGTON	IL	61704

FEC ID number of contributing federal political committee.

C

 Name of Employer
 NONE

 Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SA11AI.89951

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

127.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 156 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD PUCKETT 617

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing
federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.89950

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MR RICHARD PUCKETT 617

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing
federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.89949

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MRS CLIFFORD RANDALL 240

Mailing Address 1302 CRESTVIEW DR

City

BLACKSBURG

State

VA

Zip Code

24060

FEC ID number of contributing
federal political committee.

Name of Employer

VT DEPT OF CIVIL ENGINEERING

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.89991

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 157 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS FERN S RANDALL 349

Mailing Address 1330 SW SHORELINE DR

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.89992

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. GLENN REINDERS 530

Mailing Address 3479 SHERMAN RD

City

JACKSON

State

WI

Zip Code

53037

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.90048

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MS BARBARA E RICE 959

Mailing Address 3122 HIDDEN CREEK DR

City

CHICO

State

CA

Zip Code

95973

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.90083

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

215.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CAPT CLARENCE E RICH 339

Mailing Address 4005 PALM TREE BLVD APT 102

City State Zip Code
CAPE CORAL FL 33904

FEC ID number of contributing
federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.90084

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. CAPT CLARENCE E RICH 339

Mailing Address 4005 PALM TREE BLVD APT 102

City State Zip Code
CAPE CORAL FL 33904

FEC ID number of contributing
federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.90085

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. CAPT CLARENCE E RICH 339

Mailing Address 4005 PALM TREE BLVD APT 102

City State Zip Code
CAPE CORAL FL 33904

FEC ID number of contributing
federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.90086

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR GEORGE G RICHARDS 170 JR

Mailing Address 101 N RACE ST

City	State	Zip Code
MIDDLETOWN	PA	17057

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.90090

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MISS MONTE RICHARDSON 288

Mailing Address 29 HIGHBRIDGE XING APT 3301

City	State	Zip Code
ASHEVILLE	NC	28803

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.90097

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR JOSEPH J RIDOLFO 060

Mailing Address 1100 POQUONOCK AVE

City	State	Zip Code
WINDSOR	CT	06095

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.90123

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

370.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOSEPH J RIDOLFO 060

Mailing Address 1100 POQUONOCK AVE

City

WINDSOR

State

CT

Zip Code

06095

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

443.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.90122

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MR JOSEPH J RIDOLFO 060

Mailing Address 1100 POQUONOCK AVE

City

WINDSOR

State

CT

Zip Code

06095

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

464.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.90121

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. MR JOSEPH J RIDOLFO 060

Mailing Address 1100 POQUONOCK AVE

City

WINDSOR

State

CT

Zip Code

06095

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.90124

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

61.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 161 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MARY RIES 681

Mailing Address 1238 N 97TH PLZ

City

OMAHA

State

NE

Zip Code

68114

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.90127

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR MELVIN A RIES 954
Mailing Address 3585 ROUND BARN BLVD
APT 329

City

SANTA ROSA

State

CA

Zip Code

95403

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.90128

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

656.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.90141

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.90143

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

706.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.90144

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			13			2015					

Transaction ID : SA11AI.90140

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City
KAILUAState
HIZip Code
96734FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.90146

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City
KAILUAState
HIZip Code
96734FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.90145

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City
KAILUAState
HIZip Code
96734FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.90147

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 164 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

 City
 KAILUA

 State
 HI

 Zip Code
 96734

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.90142

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MS PEGGY L ROBINSON 460

Mailing Address 4606 SUMMERSONG RD

City

ZIONSVILLE

State

IN

Zip Code

46077

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

ROBINSON ENTERPRISES

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.90173

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR DELBERT R ROBINSON 882

Mailing Address 801 ALABAMA ST

City

LAKE ARTHUR

State

NM

Zip Code

88253

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

IRRIGATION SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.90179

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CHARLES L ROMERO 945

Mailing Address 8160 CROW CANYON RD

City	State	Zip Code
CASTRO VALLEY	CA	94552

FEC ID number of contributing
federal political committee.

C

Name of Employer

RODAK PLASTICS INC

Occupation

MOLD MAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.90218

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS FRANCES ROSECRANS 960

Mailing Address PO BOX 622

City	State	Zip Code
DORRIS	CA	96023

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.90236

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MRS FRANCES ROSECRANS 960

Mailing Address PO BOX 622

City	State	Zip Code
DORRIS	CA	96023

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.90233

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 166 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR GORDON ROSENGREN 554

Mailing Address 6800 PILLSBURY AVE S

City	State	Zip Code
MINNEAPOLIS	MN	55423

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.90243

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MR LOUIS ROSSI 944

Mailing Address 2255 SALISBURY WAY

City	State	Zip Code
SAN MATEO	CA	94403

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.90253

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MRS MARY RUEGGER 922

Mailing Address 398 RUTHERFORD ROAD

City	State	Zip Code
BRAWLEY	CA	92227

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.90278

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 167 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PAUL O RUST 626

Mailing Address 9 OGDEN RD

City

JACKSONVILLE

State

IL

Zip Code

62650

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.90302

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MR PAUL O RUST 626

Mailing Address 9 OGDEN RD

City

JACKSONVILLE

State

IL

Zip Code

62650

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.90299

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MR PAUL O RUST 626

Mailing Address 9 OGDEN RD

City

JACKSONVILLE

State

IL

Zip Code

62650

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.90304

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 168 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PAUL O RUST 626

Mailing Address 9 OGDEN RD

City

JACKSONVILLE

State

IL

Zip Code

62650

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

417.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.90300

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MR PAUL O RUST 626

Mailing Address 9 OGDEN RD

City

JACKSONVILLE

State

IL

Zip Code

62650

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.90301

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MR PAUL O RUST 626

Mailing Address 9 OGDEN RD

City

JACKSONVILLE

State

IL

Zip Code

62650

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.90303

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. HARRIET RUTLAND 787

Mailing Address 1200 BELMONT PKWY

City
AUSTINState
TXZip Code
78703FEC ID number of contributing
federal political committee.

C

Name of Employer

TRES MILAGROS INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.90305

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MS NATALIE RUTLEDGE 265

Mailing Address 238 BREAKIRON HILL RD

City

MORGANTOWN

State

WV

Zip Code

26508

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST VIRGINIA UNIVERSITY

Occupation

LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.90307

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.90335

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

335.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ARTHUR H SAXON 342

Mailing Address 7043 STANHOPE PL

City	State	Zip Code
UNIVERSITY PARK	FL	34201

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.90370

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR ARTHUR H SAXON 342

Mailing Address 7043 STANHOPE PL

City	State	Zip Code
UNIVERSITY PARK	FL	34201

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.90369

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR CHRISTOPHER SCHIESS 974

Mailing Address 27846 GREEN OAKS DR

City	State	Zip Code
EUGENE	OR	97402

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.90406

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BILLY D SCHNURR 600

Mailing Address 8055 LONG AVE

City

SKOKIE

State

IL

Zip Code

60077

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.90442

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. MR BILLY D SCHNURR 600

Mailing Address 8055 LONG AVE

City

SKOKIE

State

IL

Zip Code

60077

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.90443

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR BILLY D SCHNURR 600

Mailing Address 8055 LONG AVE

City

SKOKIE

State

IL

Zip Code

60077

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.90441

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 172 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR KENNETH H SCHROM 444

Mailing Address 1161 E 10TH ST

City
SALEMState
OHZip Code
44460FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.90461

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR KENNETH H SCHROM 444

Mailing Address 1161 E 10TH ST

City
SALEMState
OHZip Code
44460FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.90462

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS EVA F SCOTT 230

Mailing Address 15830 GADDES RD

City
AMELIA COURT HOUSEState
VAZip Code
23002FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.90488

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 173 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS EVA F SCOTT 230

Mailing Address 15830 GADDES RD

City

AMELIA COURT HOUSE

State

VA

Zip Code

23002

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.90489

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. ARCHER RAYMOND SEAMAN 513

Mailing Address 3770 WARBLER AVE

City

HARTLEY

State

IA

Zip Code

51346

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.90500

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. MRS ROSANNE SEDER 530

Mailing Address W130N6239 RIVER DR

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.90510

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. PAUL SEEGER 752

Mailing Address 12720 HILLCREST RD STE 530

City State Zip Code
DALLAS TX 75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEEGER DRILLING CO

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 23 2015

Transaction ID : SA11AI.90512

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. W LEONARD SEELEY 959

Mailing Address 10351 KENWOOD DR

City State Zip Code
GRASS VALLEY CA 95949

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 16 2015

Transaction ID : SA11AI.90514

Amount of Each Receipt this Period

330.00

Full Name (Last, First, Middle Initial)

C. MR FREDRIC SELZER 661

Mailing Address 4440 GIBBS RD

City State Zip Code
KANSAS CITY KS 66106

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 16 2015

Transaction ID : SA11AI.90531

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

855.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 175 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR FREDRIC SELZER 661

Mailing Address 4440 GIBBS RD

City
KANSAS CITYState Zip Code
KS 66106FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.90533

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. MR R SEYMOUR 169

Mailing Address 122 SPRING VALLEY RD

City
MAINESBURGState Zip Code
PA 16932FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.90554

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. MR AL SHANE 917

Mailing Address 2175 FOOTHILL BLVD STE B

City
LA VERNEState Zip Code
CA 91750FEC ID number of contributing
federal political committee.

C

Name of Employer

FINANCIAL LEARNING CENTER

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.90560

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

151.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 176 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BILLY J SHELLENBERGER 675

Mailing Address 215 S BELL AVE APT 402

City	State	Zip Code
LYONS	KS	67554

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.90577

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR PETER R SHERMAN 140

Mailing Address 4999 CREEK ROAD EXT

City	State	Zip Code
LEWISTON	NY	14092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.90589

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR JACKIE SIKES 329

Mailing Address 420 S BANANA RIVER BLVD

City	State	Zip Code
COCOA BEACH	FL	32931

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.90615

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

97.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 177 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MARY SILLING 210

Mailing Address 1500 OLD JOPPA RD

City	State	Zip Code
JOPPA	MD	21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.90621

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. MARY SILLING 210

Mailing Address 1500 OLD JOPPA RD

City	State	Zip Code
JOPPA	MD	21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.90623

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MARY SILLING 210

Mailing Address 1500 OLD JOPPA RD

City	State	Zip Code
JOPPA	MD	21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.90624

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR VINSON SIMPSON 856

Mailing Address 657 S PARK CENTRE AVE UNIT 129

City State Zip Code
 GREEN VALLEY AZ 85614

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.90638

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MISS JOAN SINEX 950

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code
 SANTA CRUZ CA 95065

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.40

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.90642

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MISS JOAN SINEX 950

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code
 SANTA CRUZ CA 95065

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.40

Date of Receipt

10 / 15 / 2015

Transaction ID : SA11AI.90643

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR HAROLD SMITH 067

Mailing Address 23 NATHAN CT

City State Zip Code
 WATERBURY CT 06708

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.90681

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JACK SMITH 653

Mailing Address 177 BOUNDARY LN

City State Zip Code
 OTTERVILLE MO 65348

FEC ID number of contributing
federal political committee.

C

Name of Employer

FARMER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.90737

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JACK SMITH 653

Mailing Address 177 BOUNDARY LN

City State Zip Code
 OTTERVILLE MO 65348

FEC ID number of contributing
federal political committee.

C

Name of Employer

FARMER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.90736

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT J SMITH 920

Mailing Address 465 JENNILEAH LN

City State Zip Code
 SAN MARCOS CA 92069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 20 2015

Transaction ID : SA11AI.90756

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. LARRY SMITH 959

Mailing Address 6428 ROCKY LN

City State Zip Code
 PARADISE CA 95969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 02 2015

Transaction ID : SA11AI.90768

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. LARRY SMITH 959

Mailing Address 6428 ROCKY LN

City State Zip Code
 PARADISE CA 95969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 19 2015

Transaction ID : SA11AI.90769

Amount of Each Receipt this Period

76.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

214.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 181 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. LARRY SMITH 959

Mailing Address 6428 ROCKY LN

City

PARADISE

State

CA

Zip Code

95969

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.90770

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. LARRY SMITH 959

Mailing Address 6428 ROCKY LN

City

PARADISE

State

CA

Zip Code

95969

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

Transaction ID : SA11AI.91859

Amount of Each Receipt this Period

-45.00

NSF CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR WILLIAM B SNYDER 337

Mailing Address 555 5TH AVE NE PH 2

City

SAINT PETERSBURG

State

FL

Zip Code

33701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

Transaction ID : SA11AI.90784

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 182 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD SOKOLOWSKI 601

Mailing Address 4706 ROSE ST

City

SCHILLER PARK

State

IL

Zip Code

60176

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.90800

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR GENE SPEAR 660

Mailing Address 714 S CHURCH TER

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.90821

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MR GENE SPEAR 660

Mailing Address 714 S CHURCH TER

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.90822

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 183 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR GENE SPEAR 660

Mailing Address 714 S CHURCH TER

City	State	Zip Code
OLATHE	KS	66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.90820

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DR JOHN L STANLEY 983 MD

Mailing Address 1423 DOGWOOD HILL RD SW

City	State	Zip Code
PORT ORCHARD	WA	98366

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.90852

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DR JOHN L STANLEY 983 MD

Mailing Address 1423 DOGWOOD HILL RD SW

City	State	Zip Code
PORT ORCHARD	WA	98366

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.90853

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ROBERT G STEINER 919

Mailing Address PO BOX 514

City

CHULA VISTA

State

CA

Zip Code

91912

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.90884

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ROBERT G STEINER 919

Mailing Address PO BOX 514

City

CHULA VISTA

State

CA

Zip Code

91912

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.90882

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. ROBERT G STEINER 919

Mailing Address PO BOX 514

City

CHULA VISTA

State

CA

Zip Code

91912

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.90883

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ROBERT G STEINER 919

Mailing Address PO BOX 514

City

CHULA VISTA

State

CA

Zip Code

91912

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.90881

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MAURICE STEMPNITZKY 802

Mailing Address 3765 W EASTMAN AVE

City

DENVER

State

CO

Zip Code

80236

FEC ID number of contributing
federal political committee.

C

Name of Employer

QWEST COMMUNICATIONS INTL INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

393.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.90892

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MAURICE STEMPNITZKY 802

Mailing Address 3765 W EASTMAN AVE

City

DENVER

State

CO

Zip Code

80236

FEC ID number of contributing
federal political committee.

C

Name of Employer

QWEST COMMUNICATIONS INTL INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.90893

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 243

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JAMES E STEPHENS 625

Mailing Address 750 W MARION AVE

City
FORSYTH

State Zip Code
IL 62535

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.90898

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MRS RUTH E STEVENS 950

Mailing Address 23350 SERENO CT UNIT V29

City
CUPERTINO

State Zip Code
CA 95014

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2015

Transaction ID : SA11AI.90908

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR EDWARD STILES 405

Mailing Address 3168 ROXBURG DR

City
LEXINGTON

State Zip Code
KY 40503

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.90913

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 187 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR THOMAS STOKES 331

Mailing Address 1130 ALFONSO AVE

City

CORAL GABLES

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.90920

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. MS SHARON STOREY 921

Mailing Address 645 FRONT ST UNIT 1401

City

SAN DIEGO

State

CA

Zip Code

92101

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.90930

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MS MARY ELLEN STROUP 483

Mailing Address 5719 BLANDFORD RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.90953

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 188 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT W SUDBRINK 333

Mailing Address 3100 NE 47TH CT APT 403

City

FT LAUDERDALE

State

FL

Zip Code

33308

FEC ID number of contributing federal political committee.

Name of Employer

SUDBRINK BROADCASTING INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SA11AI.90969

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MR ROBERT W SUDBRINK 333

Mailing Address 3100 NE 47TH CT APT 403

City

FT LAUDERDALE

State

FL

Zip Code

33308

FEC ID number of contributing federal political committee.

Name of Employer

SUDBRINK BROADCASTING INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SA11AI.90970

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MS MURIEL WING SUROWIEC 043

Mailing Address 68 CENTRAL ST

City

HALLOWELL

State

ME

Zip Code

04347

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.90991

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 189 OF 243
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DAVID SWEET 142

Mailing Address 237 MAIN ST STE 1125

City	State	Zip Code
BUFFALO	NY	14203

FEC ID number of contributing federal political committee.

C

Name of Employer

HEFFERNAN & SWEET LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.91019

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MR DAVID SWEET 142

Mailing Address 237 MAIN ST STE 1125

City	State	Zip Code
BUFFALO	NY	14203

FEC ID number of contributing federal political committee.

C

Name of Employer

HEFFERNAN & SWEET LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.91020

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR STEVE S SZABO 549

Mailing Address 105 KIRKWOOD DR

City	State	Zip Code
OSHKOSH	WI	54904

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.91043

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 190 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR STEVE S SZABO 549

Mailing Address 105 KIRKWOOD DR

City	State	Zip Code
OSHKOSH	WI	54904

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.91044

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. MR RAY U TANNER 383

Mailing Address 14 WHITSITT PARK

City	State	Zip Code
JACKSON	TN	38301

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.91056

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR RUSSELL TAYLOR 847

Mailing Address 2363 SOUTHGATE HILLS DR

City	State	Zip Code
SAINT GEORGE	UT	84770

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	06	/	2015

Transaction ID : SA11AI.91075

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 191 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RUSSELL TAYLOR 847

Mailing Address 2363 SOUTHGATE HILLS DR

City	State	Zip Code
SAINT GEORGE	UT	84770

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.91074

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS JEANNETTE L THERRIAULT 997

Mailing Address 2473 OLD RICHARDSON HWY

City	State	Zip Code
NORTH POLE	AK	99705

FEC ID number of contributing
federal political committee.

C

Name of Employer

HECTORS WELDING

Occupation

OFFICE WORK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.91116

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MS JEANNETTE L THERRIAULT 997

Mailing Address 2473 OLD RICHARDSON HWY

City	State	Zip Code
NORTH POLE	AK	99705

FEC ID number of contributing
federal political committee.

C

Name of Employer

HECTORS WELDING

Occupation

OFFICE WORK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.91118

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 192 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS JEANNETTE L THERRIAULT 997

Mailing Address 2473 OLD RICHARDSON HWY

City	State	Zip Code
NORTH POLE	AK	99705

FEC ID number of contributing
federal political committee.

C

Name of Employer
HECTORS WELDINGOccupation
OFFICE WORK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.91117

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

B. MS JEANNETTE L THERRIAULT 997

Mailing Address 2473 OLD RICHARDSON HWY

City	State	Zip Code
NORTH POLE	AK	99705

FEC ID number of contributing
federal political committee.

C

Name of Employer
HECTORS WELDINGOccupation
OFFICE WORK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.91119

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MS MARIA C THOMEER 770

Mailing Address 5930 YARWELL DR

City	State	Zip Code
HOUSTON	TX	77096

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.91134

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

338.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 193 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS MARIA C THOMEER 770

Mailing Address 5930 YARWELL DR

City
HOUSTON

State Zip Code
TX 77096

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.91135

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City
ANN ARBOR

State Zip Code
MI 48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1467.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.91157

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR GORDON TOBIAS 782

Mailing Address 12526 PRIMA VISTA DR

City
SAN ANTONIO

State Zip Code
TX 78233

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.91178

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR GORDON TOBIAS 782

Mailing Address 12526 PRIMA VISTA DR

City State Zip Code
 SAN ANTONIO TX 78233

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 23 2015

Transaction ID : SA11AI.91177

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LARRY D TODD 750

Mailing Address 2920 W SHADY GROVE RD APT 213

City State Zip Code
 IRVING TX 75060

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2015

Transaction ID : SA11AI.91183

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT Y TOKUNAGA 285

Mailing Address 401 FOXTRACE LN

City State Zip Code
 HUBERT NC 28539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2015

Transaction ID : SA11AI.91185

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

335.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 195 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS SUSAN TROTTER 100

Mailing Address 400 E 52ND ST APT 11C

City
NEW YORKState Zip Code
NY 10022FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INTERIOR DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.91225

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR MARVIN D TWEET 593

Mailing Address PO BOX 1396

City
GLEN DIVEState Zip Code
MT 59330FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.91266

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR MARVIN D TWEET 593

Mailing Address PO BOX 1396

City
GLEN DIVEState Zip Code
MT 59330FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.91268

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 196 OF 243

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CALVIN K UPP 671

Mailing Address 212 E ELM ST

City

WELLINGTON

State

KS

Zip Code

67152

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

726.00

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.91285

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR CALVIN K UPP 671

Mailing Address 212 E ELM ST

City

WELLINGTON

State

KS

Zip Code

67152

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

751.00

Date of Receipt

10 / 14 / 2015

Transaction ID : SA11AI.91286

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR CALVIN K UPP 671

Mailing Address 212 E ELM ST

City

WELLINGTON

State

KS

Zip Code

67152

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

786.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.91284

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DONALD VANDENBERG 360

Mailing Address 737 W BROAD ST

City
EUFAULA

State Zip Code
AL 36027

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.91304

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MR DONALD VANDENBERG 360

Mailing Address 737 W BROAD ST

City
EUFAULA

State Zip Code
AL 36027

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.91299

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR DONALD VANDENBERG 360

Mailing Address 737 W BROAD ST

City
EUFAULA

State Zip Code
AL 36027

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.91303

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 198 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DONALD VANDENBERG 360

Mailing Address 737 W BROAD ST

City	State	Zip Code
EUFAULA	AL	36027

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.91300

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. MR DONALD VANDENBERG 360

Mailing Address 737 W BROAD ST

City	State	Zip Code
EUFAULA	AL	36027

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.91301

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR DONALD VANDENBERG 360

Mailing Address 737 W BROAD ST

City	State	Zip Code
EUFAULA	AL	36027

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.91302

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 199 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR HAROLD VARNER 115

Mailing Address 22 ATHEM DR

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.91321

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR JULIET VINCENT 483

Mailing Address 3107 WOODLAND RIDGE DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.91348

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS EVELYN E VINTON 481

Mailing Address 14707 NORTHVILLE RD APT 231

City

PLYMOUTH

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.91350

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

635.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 200 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS SHIRLEY M VITULLI 118

Mailing Address 143 PARKWAY DR

City

PLAINVIEW

State

NY

Zip Code

11803

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.91352

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MRS SHIRLEY M VITULLI 118

Mailing Address 143 PARKWAY DR

City

PLAINVIEW

State

NY

Zip Code

11803

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.91353

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD VOELL 068

Mailing Address 25 PILOT ROCK LN

City

RIVERSIDE

State

CT

Zip Code

06878

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.91357

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

335.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 201 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD VOELL 068

Mailing Address 25 PILOT ROCK LN

City
RIVERSIDEState Zip Code
CT 06878FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.91356

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD VOELL 068

Mailing Address 25 PILOT ROCK LN

City
RIVERSIDEState Zip Code
CT 06878FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.91355

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT L WALDEN 647

Mailing Address 34 NW 1144 PRIVATE RD

City
LEETONState Zip Code
MO 64761FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1368.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.91387

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

220.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MARK WALKER 410

Mailing Address 3845 AKIN LN

City	State	Zip Code
BURLINGTON	KY	41005

FEC ID number of contributing
federal political committee.

C

Name of Employer

WALKER REMODELING CO

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.91393

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS ELLEN WALKER 648

Mailing Address PO BOX 26

City	State	Zip Code
GRANBY	MO	64844

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.91394

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. MR ALTON L WALLACE 775

Mailing Address 3122 REDFIELD DR

City	State	Zip Code
PASADENA	TX	77503

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.91405

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 203 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN T WARD 481

Mailing Address 25155 MARSHALL ST

City
DEARBORNState Zip Code
MI 48124FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.91445

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MARSHALL P WASHBURN 293

Mailing Address 115 TURNBERRY DR

City
SPARTANBURGState Zip Code
SC 29306FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLIKEN & COMPANY

Occupation

AUTOMOTIVE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.91455

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MRS ANNIE WEEKS 352

Mailing Address 3411 ROCK LN

City
IRONDALEState Zip Code
AL 35210FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.91496

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

305.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 204 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS HELEN WEISHAAR 109

Mailing Address PO BOX 835

City
NYACKState
NYZip Code
10960FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.91515

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. PATRICIA WERNER 959

Mailing Address 625 ESKATON CIR APT 321

City

GRASS VALLEY

State

CA

Zip Code

95945

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.91540

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MS MABEL A WEST 484

Mailing Address 292 SMITH ST AP T119

City

CLIO

State

MI

Zip Code

48420

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.91547

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JAMES W WHITCOMB 981

Mailing Address 620 S 198TH ST

City
SEATTLE

State Zip Code
WA 98148

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEERING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.91570

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR JAMES W WHITCOMB 981

Mailing Address 620 S 198TH ST

City
SEATTLE

State Zip Code
WA 98148

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEERING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.91569

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR JAMES W WHITCOMB 981

Mailing Address 620 S 198TH ST

City
SEATTLE

State Zip Code
WA 98148

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEERING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.91571

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 243

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CAROLYN WHITE 476

Mailing Address 1414 S 1050 E

City	State	Zip Code
OAKLAND CITY	IN	47660

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.91575

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MS ELAINE W WHITEHURST 303

Mailing Address 3747 PEACHTREE RD NE #1008

City	State	Zip Code
ATLANTA	GA	30319

FEC ID number of contributing federal political committee.

Name of Employer

HART & SULLIVAN PC

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.91586

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MR JAMES C WILLIAMS 013

Mailing Address 225 N MAIN ST

City	State	Zip Code
SUNDERLAND	MA	01375

FEC ID number of contributing federal political committee.

Name of Employer

SELF EMPLOYED

Occupation

DAIRY FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.91619

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 207 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR THOMAS WILLIAMS 775

Mailing Address 3007 ELSBURY LN

City
PEARLANDState
TXZip Code
77584FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.91637

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS MABEL WILSON 820

Mailing Address 922 APACHE ST

City
CHEYENNEState
WYZip Code
82009FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.91669

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. MS MABEL WILSON 820

Mailing Address 922 APACHE ST

City
CHEYENNEState
WYZip Code
82009FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.91668

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

145.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 208 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS LORRAINE WINK 601

Mailing Address 611 S OAKLAND AVE

City

VILLA PARK

State

IL

Zip Code

60181

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

Transaction ID : SA11AI.91675

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MS GISELA WOIWODE-DALES 296

Mailing Address 8 GARY AVE

City

TAYLORS

State

SC

Zip Code

29687

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

Transaction ID : SA11AI.91702

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR PIERS WOODRIFF 229

Mailing Address PO BOX 503

City

SOMERSET

State

VA

Zip Code

22972

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.91719

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 243
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ELSON K WRIDE 805

Mailing Address 1016 W 32ND ST

City
LOVELAND

State Zip Code
CO 80538

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.91739

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR ELSON K WRIDE 805

Mailing Address 1016 W 32ND ST

City
LOVELAND

State Zip Code
CO 80538

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.91740

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR CARL WRIGHT 450

Mailing Address 5807 FALLING BROOK DR

City
MASON

State Zip Code
OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.91751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 210 OF 243
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CORINNE WYCKOFF 079

Mailing Address 33 JANEWAY PL

City	State	Zip Code
MORRIS PLAINS	NJ	07950

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.91774

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DR PATRICIA WYSONG 750

Mailing Address 2707 CLUBLAKE TRL

City	State	Zip Code
MC KINNEY	TX	75070

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PUBLIC SPEAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.91780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MR JOHN YKEMA 190

Mailing Address 1343 W BALTIMORE PIKE APT E418

City	State	Zip Code
MEDIA	PA	19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.91788

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 211 OF 243

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS BONNIE J YOUNG 945

Mailing Address 485 JUANA AVE

City

SAN LEANDRO

State

CA

Zip Code

94577

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			05			2015					

Transaction ID : SA11AI.91809

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MS BONNIE J YOUNG 945

Mailing Address 485 JUANA AVE

City

SAN LEANDRO

State

CA

Zip Code

94577

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			19			2015					

Transaction ID : SA11AI.91808

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

51544.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 212 OF 243

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 504City State Zip Code
STERLING VA 20166FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2521.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : SA15.91862

Amount of Each Receipt this Period

22.00

REFUND

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 504City State Zip Code
STERLING VA 20166FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA15.91863

Amount of Each Receipt this Period

29.00

REFUND

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 504City State Zip Code
STERLING VA 20166FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2567.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA15.91864

Amount of Each Receipt this Period

17.00

REFUND

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

68.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 213 OF 243

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 504

City State Zip Code
STERLING VA 20166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2583.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 23 2015

Transaction ID : SA15.91865

Amount of Each Receipt this Period

16.00

REFUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.00

84.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 218 OF 243

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	5		

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91891

Amount of Each Disbursement this Period

4139.05

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	5		

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91892

Amount of Each Disbursement this Period

18208.11

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	5		

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91893

Amount of Each Disbursement this Period

1938.43

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24285.59

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DIRECT SUPPORT SERVICES

Date of Disbursement

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D01' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

Transaction ID : SB21B.91899

003

Amount of Each Disbursement this Period

Category/
Type

68.07

B. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.91900

003

Amount of Each Disbursement this Period

Category/
Type

6099.16

C. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.91901

003

Amount of Each Disbursement this Period

Category/
Type

11080.63

17247.86

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DIRECT SUPPORT SERVICES

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10', the second shows '08', and the third shows '2015'. The displays are separated by slashes.

Transaction ID : SB21B.91902

003

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.91903

003

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES

Date of Disbursement



Transaction ID : SB21B.91904

003

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15530.62

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DIRECT SUPPORT SERVICES

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10', the second shows '08', and the third shows '2015'. The displays are separated by slashes.

Transaction ID : SB21B.91905

003

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

11383.85

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES

Date of Disbursement

Mailing Address 1155 - 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.91906

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

5174.50

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES

Date of Disbursement

Mailing Address 1155 - 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.91907

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

37650.10

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

12101.90

15342.54

8776.35

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DONOR BUREAU

Date of Disbursement

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D01' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

Transaction ID : SB21B.91920

003

Amount of Each Disbursement this Period

Category/
Type

208.13

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. DONOR BUREAU

Date of Disbursement

Transaction ID : SB21B.91921

Amount of Each Disbursement this Period

003

Category/
Type

224.70

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. DONOR BUREAU

Date of Disbursement

Three digital displays showing the date 10/15/2015 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '15' for the day, and the third shows '2015' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Transaction ID : SB21B.91922

Amount of Each Disbursement this Period

003

Category/
Type

253.68

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

686.51

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DONOR BUREAU

003

446.02

VIGOP

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. DONOR BUREAU

003

202.42

VIGOP

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. DONOR BUREAU

003

Age Group	Percentage
18-24	182.01
25-34	~10
35-44	~10
45-54	~10
55-64	~10
65-74	~10
75-84	~10
85+	~10

VIGOP

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

830.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 226 OF 243

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	1	5		

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91913

Amount of Each Disbursement this Period

417.33

Full Name (Last, First, Middle Initial)

B. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	1	5		

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91914

Amount of Each Disbursement this Period

1184.21

Full Name (Last, First, Middle Initial)

C. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	5		

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91915

Amount of Each Disbursement this Period

2646.45

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4247.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 OF 243

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	5		

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91916

Amount of Each Disbursement this Period

1854.22

Full Name (Last, First, Middle Initial)

B. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	5		

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91917

Amount of Each Disbursement this Period

776.95

Full Name (Last, First, Middle Initial)

C. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	5		

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.91918

Amount of Each Disbursement this Period

883.21

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3514.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 229 OF 243

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Transaction ID : SB21B.91868Purpose of Disbursement
SERVICE CHARGE

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

88.03

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Transaction ID : SB21B.91869Purpose of Disbursement
SERVICE CHARGE

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

105.95

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Transaction ID : SB21B.91870Purpose of Disbursement
SERVICE CHARGE

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

9.92

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

203.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 243

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	5		

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Transaction ID : SB21B.91871Purpose of Disbursement
CCCP MONTHLY FEE

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

													72.00

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	5		

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Transaction ID : SB21B.91872Purpose of Disbursement
CCCP MONTHLY FEE

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

													38.75

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	5		

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Transaction ID : SB21B.91873Purpose of Disbursement
CCCP MONTHLY FEE

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

													55.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

													166.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. LEGACY LIST MANAGEMENT CORP

003

Gender	Percentage
Male	194.56
Female	105.44

☐ Primary ☐ General
☐ Other (specify) ▼

B. LEGACY LIST MANAGEMENT CORP

003

72.17

☐ Primary ☐ General
☐ Other (specify) ▼

C. LEGACY LIST MANAGEMENT CORP

003

☐ Primary ☐ General
☐ Other (specify) ▼

TOTAL This Period (last page this line number only).....

699.37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. MACKENZIE & COMPANY

001

VIGOP

Other (specify) ▼

District:

Transaction ID : SB21B.91939

Amount of Each Disbursement this Period

789.20

B. RHA MARKETING

003

VIGOP

Other (specify) ▼

District:

Transaction ID : SB21B.91940

Amount of Each Disbursement this Period

3550.16

C. ROBERT SCHANFARBER

002

VIGOP

Other (specify) ▼

District:

Transaction ID : SB21B.91946

Amount of Each Disbursement this Period

336.39

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4675.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 238 OF 243

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Mailing Address 29*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.91941Purpose of Disbursement
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

636.40

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. SIMPKINS ESCROW SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Mailing Address 29*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.91942Purpose of Disbursement
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

411.53

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. SIMPKINS ESCROW SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Mailing Address 29*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.91943Purpose of Disbursement
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

375.41

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

1423.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 239 OF 243

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW SERVICES LLC

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		2	1		2	0	1	5		

Mailing Address 29*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.91944Purpose of Disbursement
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

359.50

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

359.50

196765.57

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 240 OF 243

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITOL CAGING LLCNature of Debt (Purpose):
CAGING SERVICESMailing Address 504 SHAW RD
SUITE 504City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

4165.29

Transaction ID : SD10.55707

Amount Incurred This Period

3319.00

Payment This Period

2946.21

Outstanding Balance at Close of This Period

4538.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

COLORTREENature of Debt (Purpose):
VIGOP DIRECT MAIL - PRINTING &
MAILSHOP

Mailing Address 2519 BRITTONS HILL RD

City State Zip Code
RICHMOND VA 23230

Outstanding Balance Beginning This Period

3082.07

Transaction ID : SD10.72737

Amount Incurred This Period

1147.50

Payment This Period

1322.50

Outstanding Balance at Close of This Period

2907.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD
SUITE 504City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

161120.68

Transaction ID : SD10.7792

Amount Incurred This Period

42356.19

Payment This Period

47817.11

Outstanding Balance at Close of This Period

155659.76

1) **SUBTOTALS** This Period This Page (optional)..... ►

163104.91

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 241 OF 243

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DONOR BUREAU

Nature of Debt (Purpose):

LIST ENHANCEMENT SERVICES

Mailing Address 1900 N CULPEPPER ST

City State

ARLINGTON

Zip Code

VA 22207

Outstanding Balance Beginning This Period

4607.04

Transaction ID : SD10.7798

Amount Incurred This Period

716.36

Payment This Period

1516.96

Outstanding Balance at Close of This Period

3806.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)

Nature of Debt (Purpose):

DATA PROCESSING

Mailing Address 1155 - 15TH STREET

SUITE 410

City State

WASHINGTON

Zip Code

DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.91897

Amount Incurred This Period

29081.41

Payment This Period

8527.71

Outstanding Balance at Close of This Period

20553.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FORTH RIGHT STRATEGIES INC

Nature of Debt (Purpose):

DIRECT MAIL - CREATIVE

Mailing Address 1155 - 15TH STREET

SUITE 410

City

WASHINGTON

State

DC

Zip Code

20005

Outstanding Balance Beginning This Period

13053.16

Transaction ID : SD10.7789

Amount Incurred This Period

7350.60

Payment This Period

1256.38

Outstanding Balance at Close of This Period

19147.38

1) **SUBTOTALS** This Period This Page (optional)..... ►

43507.52

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 242 OF 243

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INTEGRAM

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 8421 HILLTOP RD

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

3844.25

Transaction ID : SD10.37645

Amount Incurred This Period

11066.64

Payment This Period

3831.43

Outstanding Balance at Close of This Period

11079.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LIST MANAGEMENT CORP

Nature of Debt (Purpose):

DIRECT MAIL - LIST RENTALS

Mailing Address 1155 - 15TH STREET

SUITE 410

City State

WASHINGTON

Zip Code

DC

20005

Outstanding Balance Beginning This Period

12134.84

Transaction ID : SD10.15277

Amount Incurred This Period

6788.97

Payment This Period

2565.57

Outstanding Balance at Close of This Period

16358.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACKENZIE & COMPANY

Nature of Debt (Purpose):

CONSULTING - COMPLIANCE

Mailing Address 2776 S ARLINGTON MILL DR

#806

City

ARLINGTON

State

VA

Zip Code

22206

Outstanding Balance Beginning This Period

9834.20

Transaction ID : SD10.7794

Amount Incurred This Period

7543.60

Payment This Period

6964.60

Outstanding Balance at Close of This Period

10413.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

37850.90

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 243 OF 243

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDI IMAGING & MAIL

Nature of Debt (Purpose):

**VIGOP DIRECT MAIL - PRINTING &
MAILSHOP**

Mailing Address 21721-A FILIGREE CT

City State

ASHBURN

Zip Code

VA

20147

Outstanding Balance Beginning This Period

1875.22

Transaction ID : SD10.72743

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1875.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RHA MARKETING

Nature of Debt (Purpose):

**VIGOP DIRECT MAIL - PRINTING &
MAILSHOP**

Mailing Address 1272 CORPORATE PARK RD

City State

FOREST

Zip Code

VA

24551

Outstanding Balance Beginning This Period

3550.16

Transaction ID : SD10.58658

Amount Incurred This Period

0.00

Payment This Period

3550.16

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SIMPKINS ESCROW SERVICES LLC

Nature of Debt (Purpose):

VIGOP ESCROW SERVICES

Mailing Address 29*243 ST JUST DR

City

UNIONVILLE

State

VA

Zip Code

22567

Outstanding Balance Beginning This Period

3388.35

Transaction ID : SD10.58642

Amount Incurred This Period

1856.37

Payment This Period

1782.84

Outstanding Balance at Close of This Period

3461.88

1) **SUBTOTALS** This Period This Page (optional)..... ►

5337.10

2) **TOTALS** This Period (last page this line number only)..... ►

249800.43

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

249800.43